Submit 3 Copies To Appropriate District Office	State New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Miners and Natural Resources	May 27, 2004 WELL API NO.
District II	OH CONCEDUATION DIVISION	30-025-08826
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	State A A/C 2
PROPOSALS.)	Con Wall M Other	8. Well Number 20
Type of Well: Oil Well Name of Operator	Gas Well 🛛 Other	9. OGRID Number
Mission Resources		7. OGIGD Number
3. Address of Operator		10. Pool name or Wildcat
1100 Louisiana, Suite 1455 Hous	ton TX 77002	Jalmat Tansill Yates 7 Rvrs
4. Well Location		
Unit LetterJ:1980feet from theSouth line and1980feet from theEastline		
Section 7	Township 22S Range 36	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3604' GR Pit or Below-grade Tank Application or Closure		
	aterDistance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil		Construction Material
		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	PLUG AND ABANDON ☐ REMEDIAL WO	
TEMPORARILY ABANDON		PAND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	ENT JOB
OTHER:	☐ OTHER: T/A T	est 🖂
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date		
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
Test Date: 2-21-2006 7:00 AM		
1. Load casing w/2% KCL and corrosion inhibitor. (Cmt. Retainer @ 3560')		
2. Pressure test csg. Surface to 3560' to 500 psi for 30 minutes. (See attached chart)		
<i>y</i>		
3. Request T/A Status for five years.		// //
	$t_{ m color} \sim \Delta r lpha$	occival of Temporary 2/2////
	Ahanda	nment Expires
	Apanas	
		in the second
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
A A	O > 2	or an (attached) afternative OCD-approved plan
SIGNATURE Jack	Sell TITLE Production Fo	premanDATE 2-23-2006
Type or print name	Ical Sick E well address. 1914	Onetrohoude com . Telenhama N 505 200 0026
Type or print name Joel Sisk E-mail address: jsisk@petrohawk.com Telephone No.505-390-8936		
APPROVED BY:	TITLE REPRESENTATI	VE II/STAFF MANAGER DATE
Conditions of Approval (if any):	C D D Decree	FEB 2 7 2006 ^{﴿﴾}

