State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources May 27, 2004 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-20245 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 FEE . Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 302435 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A STATE A A/C 3 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well 🗷 Other 2. Name of Operator 9. OGRID Number PETROHAWK OPERATING COMPANY 194849 10. Pool name or Wildcat 3. Address of Operator 1000 LOUISIANA, SUITE 5600 HOUSTON, TEXAS 77002 JALMAT; TAN, YATES, 7-RVRS (GAS) 79240 4. Well Location 660 Unit Letter feet from the line and feet from the line Township Range **NMPM** Section 23S County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3420 'GR Pit or Below-grade Tank Application or Closure Pit type N/A Depth to Groundwater 149 Distance from nearest fresh water well 1000 + Distance from nearest surface water 1000 + n/a Below-Grade Tank: Volume _____bbls: Construction Material . Pit Liner Thickness: _ 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND PULL OR ALTER CASING **MULTIPLE CEMENT JOB** COMPLETION OTHER: OTHER: 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. Pull liner out of well and check for leaks Rerum liner and production equipment Acidize well Place on Production 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 belowgrade tank has been/will/he constructed or closed according to NMOCD guidelines _____, a general permit ____or an (attached) alternative OCD-approved plan ____ TITLE_ PRODUCTION ANALYST 06/06/07 _DATE __ E-mail address: SVAUGHN@PETROHAWK.COM Type or print name SHEILA VAUGHN Telephone No. 832-369-2109

APPROVED BY Aug () Wind OG FIELD REPRESENTATIVE Conditions of Approval, if and:

OG FIELD REPRESENTATIVE IL/STAFF MANAGER JUN 1 3 2007

