

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-09296
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 302432
7. Lease Name or Unit Agreement Name State A A/C 1
8. Well Number 86
9. OGRID Number 194849
10. Pool name or Wildcat Langlie Mattix, 7 rrvs-0-Grayburg

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Petrohawk Operating	
3. Address of Operator 1000 Louisiana, Suite 5600 Houston TX 77002	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>10</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3460 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

8-15-07 RU Pluggers. Run tbg tag TOC @ 3565'. Circulate w/ gel brine. Spot 25 sks cmt 3565'-3420'. Spot 50 sks cmt 2860'-2510'. Perf @ 1380'. Squeeze perf @ 1380 w/ 80 sks cmt & displace to 1180'. WOC. Tag TOC @ 1190'. Inform Buddy Hill & he OK. Perf @ 365'. Squeeze perf @ 365 w/ 150 sks cmt & circulate out surface. Cmt falling in csg. Inform Buddy Hill & he OK. WOC 2 hrs & fill csg w/ 50 sks cmt. Cmt falling in csg. WOC. Tag TOC @ 18'. Inform Buddy Hill & he OK. Fill csg w/ cmt. Cut off wellhead & anchors. Weld on dry hole marker. Request PA status.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



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 ☐.

SIGNATURE Joel Sisk TITLE Production Foreman DATE 10-2-07

Type or print name Joel Sisk E-mail address: jsisk@petrohawk.com

Telephone No. 505-394-2574

For State Use Only

APPROVED BY: Hayward Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 09 2007
Conditions of Approval (if any):