Submit 3 Copies To Appropriat	k	State of New Me		Form C-103
District I		Ainerals and Matu	ral Resources	May 27, 2004
1625 N French Dr , Hobbs, NN District II				WELL API NO. 30-025-28515
	1301 W Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease
District III	District III 1220 South St. Francis Dr.			STATE STATE
District IV	O Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa F 87505		•		o. State on the Gas Bease No.
SUND	RY NOTICES AND REP			7. Lease Name or Unit Agreement Name
	FOR PROPOSALS TO DRILL OURSE "APPLICATION FOR PERM			St. A.A.(O.)
PROPOSALS)				State A A/C 1 8. Well Number 120
1. Type of Well: Oil Well Gas Well Other Water Injection Well				O. COND.Y. I
2. Name of Operator Petrohawk Operating				9. OGRID Number 194849
3. Address of Operator				10. Pool name or Wildcat
1000 Louisiana, Suite 5600 Houston TX 77002				LanglieMattix SR-Q-GB
4. Well Location		,		→
Unit Letter	_C:25feet	from theNorth	line and1	345feet from theWestline
Section		wnship 23S	Range 36E	NMPM Lea County
	GL-3483'	(Show whether DR	RKB, RT, GR, etc)	
Pit or Below-grade Tank Appl				
				nnce from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
12.	Check Appropriate B	ox to Indicate N	ature of Notice, I	Report or Other Data
NOTICE	E OF INTENTION T	O:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL V			REMEDIAL WORK	
TEMPORARILY ABANDO	ON 🔲 CHANGE PLA	NS 🔲	COMMENCE DRIL	LING OPNS. P AND A
PULL OR ALTER CASING	G MULTIPLE CO	OMPL 🗆	CASING/CEMENT	JOB 🗆
OTHER:			OTHER: TA Statu	
13. Describe proposed	d or completed operations.	(Clearly state all	pertinent details, and	give pertinent dates, including estimated date
of starting any pro or recompletion.	oposed work). SEE RULE	E 1103. For Multip	le Completions: Att	ach wellbore diagram of proposed completion
Test Date: 4-28-08				
1. Load csg w/ 2% KCL. C	CIBP @ 3500'.		APR (3 () 2008
2. Pressure test csg surface	e to 3500' to 500 psi for 30	minutes. (See atta	ched chall OPF	RSOCO
•	•			
3. Request TA status for 5	•			
This Approval of Abandonment E	Temporary /	2009 le-	test.	
Abandonment E	xpires			_
Abanation				
T. C.		T		
I hereby certify that the inf	ormation above is true and	l complete to the be	est of my knowledge	and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
/	1 0 - h		•	
SIGNATURE ()	1 Sisk	TITLE P	roduction Foreman_	DATE4-28-08
Type or print name Joe For State Use Only	el Sisk		jsisk@petrohawk.co	•
I OI State OSC OTHY	21.00:	OC DISTRICT S	UPERVISOR/GENE	ral manager MAY 0 7 2008
APPROVED BY:	ros William	TITLE		DATE
Conditions of Approval (if	any):			

