Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
District I RECEIV	Minerals and Natural Resources	WELL API NO.
State of New Mexico Office District I 1625 N French Dr., Hobbs, NM 88240 District II  OH- CONSERNATION DIVISION		30-025-28273
1301 W Grand Ave, Artesia, NM 8821AN 23 1411G CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 BBSOCD Santa Fe, NM 87505		STATE FEE
District IV 1220 S St Francis Dr, Santa Fe, NM	Santa PC, INVI 67303	6. State Oil & Gas Lease No.
87505	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION	D DRILL OR TO DEEPEN OR PLUG BACK TO A	State A A/C 2
PROPOSALS)  1. Type of Well: Oil Well Gas Well Other Water Injection Well		8. Well Number 64
2. Name of Operator		9. OGRID Number
Petrohawk Energy		194849V
3. Address of Operator 1000 Louisiana, Suite 5600 Houston T	X 77002	10. Pool name or Wildcat Eunice 7 rvrs Queen-South
4. Well Location	X 11002	Eunice / Ivis Queen-south
	feet from the North line and	1250 feet from the East line
Section 8		E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	GL-3564'	
Pit or Below-grade Tank Application or Closur		
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 INTENT		SSEQUENT REPORT OF:
<del>-</del>	G AND ABANDON  REMEDIAL WOR	
<del></del>	NGE PLANS ☐ COMMENCE DR TIPLE COMPL ☐ CASING/CEMEN	ILLING OPNS.□ PANDA □ IT JOB □
TOLE ON ALTER GROWN	THE CONTROL OF CONTROL	
OTHER:	OTHER: T/A Te	
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: 1-22-09		
1. Load casing with 2% KCL.		
<ol> <li>Pressure test casing surface to 3713' to 570# for 30 minutes. Surface casing neutral during test.</li> </ol>		
3. Record test on chart. (OCD Rep. Mark Whitaker witness test) See attached chart.		
4. Request TA status for 5 years.		
	This Approval of Temporary Abandonment Expires	
	Abandonment Expires	1-26-2014
I hereby certify that the information above is grade tank has been/will be constructed or closed a	s true and complete to the best of my knowledge coording to NMOCD guidelines $\square$ , a general permit $\square$	ge and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE Joel Sick	TITLEProduction Foreman	DATE_1-23-09
Type or print name Joel Sisk	E-mail address: jsisk@petrohawk.com	Telephone No. 575-394-2574
For State Use Only	DISTRICT 1.9	UPERVISOR JAN26200
APPROVED BY: Juny W.	TITLE DISTRICT TO	DATEDATE

Conditions of Approval (if any):

