Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II	CONSERVATION DIVISION 1220 South St. Francis Dr.	30-025-09463
1301 W Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87446N 3 L District IV	2009 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St Francis Dr., Santa Fe, 1088 87505		o. State off & Gas Lease No.
SUNDRY NOTICES (DO NOT USE THIS FORM FOR PROPOSALS	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name B Davis
1. Type of Well: Oil Well Gas	Well Other Water Injection Well	8. Well Number 2 /
2. Name of Operator Petrohawk Operating		9. OGRID Number
3. Address of Operator	TV 77000	10. Pool name or Wildcat
1000 Louisiana, Suite 5600 Houston 4. Well Location	1X 7/002	Jalmat Tansill Yates 7 rvrs
Unit LetterN:330feet from theSouth line and2310feet from theWestline		
Section 34	Township 23S Range 36E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) DF-3392'		
Pit or Below-grade Tank Application □ or Closure □		
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance 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		
TEMPORARILY ABANDON C	LUG AND ABANDON 🗌 REMEDIAL WOF	ILLING OPNS. P AND A
OTHER:	□ OTHER: MIT	Test 🖂
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: 1-29-09		
1. Load casing with packer flu	sid (Pkr @ 22502)	
 Load casing with packer fluid. (Pkr @ 3250') Pressure test casing: surface to 3250' to 325# for 30 minutes. Bradenhead neutral during test. Record test on chart. (OCD rep. Mark Whitaker witness test). See attached chart. Request permission to continue water injection. 		
	-	
I hereby certify that the information above	ve is true and complete to the best of my knowledge	re and halief. I fourther wife the transition hal
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 (Jol) Sione	TITLEProduction For	DATE1-29-09
Type or print name Joel Sisk For State Use Only	E-mail address: jsisk@petrohawk.com	Telephone No. 575-394-2574
APPROVED BY: Conditions of Approval (if any): DISTRICT 1 SUPERVISOR: DATE DISTRICT 1 SUPERVISOR: DATE		

