Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103	
District I	Energy, Minerals an	d Natura	Resources		May 27, 2004	
1625 N French Dr , Hobbs, NM 88240	'	<i>(</i> •		VELL API NO.	/	
District II 1301 W. Grand Ave , Artesia, NM 88210 OIL CONSERVATION DIVISION			11 V I N II N	30-025-34765 5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.			s Dr.	STATE		
1000 Rio Brazos Rd, Aztec, NM 87410 District IV Santa Fe, NM 87505			$\frac{1}{6}$. State Oil & Gas		
1220 S. St Francis Dr, Santa Fe, NM 87505						
	CES AND REPORTS ON V	WELLS	7	. Lease Name or	Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOS.	ALS TO DRILL OR TO DEEPEN	N OR PLUG	BACK TO A		/	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			1	Bobby Fee		
1. Type of Well: Oil Well Gas Well Other SWD				. Well Number	1	
2. Name of Operator				. OGRID Numbe	er	
Petrohawk Operating						
3. Address of Operator				10. Pool name or Wildcat		
1000 Louisiana, Suite 5600 Houston TX 77002			S	SWD; Devonian		
4. Well Location						
Unit LetterL:_	2252feet from the	South	line and	990feet fron	n theWestline	
Section 25			inge 36E	NMPM Le	ea County	
gallegt saintight	11. Elevation (Show wheth	her DR, R	KB, RT, GR, etc.)			
	KB-4018'			Sungan, Salah		
Pit or Below-grade Tank Application or			_			
	terDistance from neares		r well Distanc	e from nearest surfa	ce water	
Pit Liner Thickness: mil	Below-Grade Tank: Volum	ne	bbls; Consti	ruction Material		
12. Check A	ppropriate Box to India	cate Nat	ure of Notice, Re	port or Other l	Data	
NOTICE OF IN	FENITION TO	1	011005		2007.05	
				EQUENT REF		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING CASING DAND A	
TEMPORARILY ABANDON PULL OR ALTER CASING		- 1	COMMENCE DRILLI		P AND A	
FULL OR ALTER CASING	MOLTIPLE COMPL []	CASING/CEMENT JO	ОВ Ц		
OTHER:	ſ		THER: TA Tes	st	\bowtie	
13. Describe proposed or comple		ate all per	tinent details, and gi	ive pertinent date:	s, including estimated date	
of starting any proposed wor or recompletion.	k). SEE RULE 1103. For	Multiple	Completions: Attach	h wellbore diagra	m of proposed completion	
or recompletion.						
Date: 3-24-09						
1. Load casing with packer fluid.						
2. Pressure test casing to 540# for						
3. Record test on chart. (See attach	ied chart). OCD rep. Maxey	y Brown w	ritness test.			
4. Request TA status for 5 years.				K	ECEIVED	
				İ	MAR 3 0 2009	
This A	Approval of Tempore donment Expires	arv		1-10	OBBSOCD	
Aban	donment Expires	? ` 3/-	-2014	90 9	SUDOCCU	
I hereby certify that the information al	bove is true and complete to	o the best	of my knowledge ar	nd belief. I further	certify that any pit or below-	
o do	losed according to NMOCD and	uviiits 🗀 , š	general permit 🔲 or a	ııı (attacııcu) atterna	uve OCD-approveu pian ∐.	
	losed according to NMOCD guid					
SIGNATURE ON SIGNATURE	losed according to NMOCD guid		duction Foreman]	DATE 3-30-09	
7	losed according to NMOCD guid	ΓLEPro			DATE_3-30-09	
Type or print name Joel Sisk	losed according to NMOCD guid	ΓLEPro	duction Foreman		DATE_3-30-09 p.575-394-2574	
7	losed according to NMOCD guid	ΓLEPro		Telephone No	o.575-394-2574	
Type or print name Joel Sisk For State Use Only	E-mail address	TLEPro	petrohawk.com	Telephone No	o.575-394-2574	
Type or print name Joel Sisk	E-mail address	ΓLEPro : jsisk@		Telephone No		