District	Office Submit 3 Copies To Appropriate District	State of New Me				m C-103	
District No. Section District No. Section District No.	District I	chergy, winterais and watu	rai Resources	WELL API NO	(Via)	<u>y 27, 2004</u>	
120 South St. Francis Dr. Sindicate Type of Lease STATE Santa Fe, NM 87505	DISTRICT OIL CONSERVATION DIVISION			• •			
SOURCE PROPERTY Source Property Source Property Prop		1301 W. Grand Ave., Artesia, INM 88210			5. Indicate Type of Lease		
1. Surface Dr. Same in No. Mark in NM 37905 6. State Oil & Gas Lease No.	1000 Río Brazos Rd., Aztec, NM 87410	Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE 🗴 FEE 🗌		
ICO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKTOA DIFFERENT RESERVOR. USE "APPLICATION FOR PREMIT" (FORM C-101) FOR SUCH PROPOSALS)				6. State Oil & Gas	Lease No.		
S. Well Number S. Well Number Oil Well Gas Well Other Oil Well Gas Well Other Oil Well Gas Well Other Oil Well Oil Million	(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			· · · · · · · · · · · · · · · · · · ·			
2. Name of Operator 9. OGRID Number 194849							
3. Address of Operator 10. Pool name or Wildcat 1000 LOUISLAND, SUITE 5600 HOUSTON TEXAS 77002 10. Pool name or Wildcat 1000 LOUISLAND, SUITE 5600 HOUSTON TEXAS 77002 1. Pool name or Wildcat 1000 LOUISLAND, SUITE 5600 HOUSTON TEXAS 77002 1. Pool name or Wildcat 1000 LOUISLAND, SUITE 5600 HOUSTON TEXAS 77002 1. Elevation (Show whether DB, RKB, RT, GR, etc.) 11. Elevation (Show whether DB, RKB, RT, GR, etc.) 11. Elevation (Show whether DB, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate 13. Describe North Commence 14. Check Appropriate Box to Indicate 14. Check	2. Name of Operator			1			
1000 LOUISIARA, SUITE 5600, BOUSTON TEXAS 77002 VACUM; LOWER WOLFDAMP, NORTH							
Unit Letter G: 1980 feet from the NORTH fine and 1830 feet from the EAST line Section 35 Township 16S Range 34E NMPM County 12A 11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4049; DF 4070; KB 4071 Etter Below:grade Tank Application or Closure GR 4049; DF 4070; KB 4071 Etter Below:grade Tank Application or Closure Distance from nearest fresh water well Distance from nearest surface water Ett Liner Thickness: mil Below-Grade Tank: Volume bibbs: Construction Material Distance from nearest surface water Distance from nearest fresh water well Distance from nearest surface water Distance from nearest fresh water well Distance from nearest surface water Distance from nearest fresh water well Distance from nearest surface water Distance from nearest surface water Distance from nearest fresh water well Distance from nearest surface water Distance from nearest fresh water well Distance from nearest surface water Distance from nearest surface water Distance from nearest surface water Distance from nearest fresh water well Distance from nearest surface water Distance from nearest fresh water well Distance from nearest surface water Distance from nearest fresh water well				1			
Section 35 Township 168 Range 34E NMPM County LEA II. Elevation (Show whether DR, RKB, RT, GR, etc.)							
II. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4049; DF 4070; HB 4071 Ett or Below-grade Tank Application	Unit Letter <u>G</u> :	1980 feet from the NOF	Ine and	1830 feet from	n the EAST	line	
Extra Below-grade Taok Application		Township 16S	Range 34E	NMPM	County	IEA	
Distance from nearest surface water		11. Elevation (Show whether GR 4049; DF	DR, RKB, RT, GR, etc 4070 ; KB 4071				
Pit Liner Thickness:							
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING ALTERING CASING ABANDONMENT COMMENCE DRILLING OPNS. ABANDONMENT CASING TEST AND ABANDONMENT COMPLETION CEMENT JOB ABANDONMENT COMPLETION COMPLETION CASING TEST AND COMPLETION ABANDONMENT COMPLETION COMPLETION ABANDONMENT COMPLETION COMPLETION CASING TEST AND COMPLETION COM	1		water well Dis	tance from nearest surfa	ce water		
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DOTHER: OTHER: COMPLETION OTHER: COMPLETION OTHER: COMPLETION OTHER: COMPLETION OTHER: COMPLETION III. 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. ID 11,000 PBID 10883; SURF CSG @1670 W/1465SX; INTERMEDIATE @4505 W/1350 SX; PROD @10980 W/700 SX 1. RUN CBL, TOC @3820; PERF 10956-64; ACIDIZED W/1500 GAIS 15% NEFE; SWAB, FLOWERCK. 2. PERF 10956-64 & ACIDIZE;NO CAS RETURNS; SET CIBP @10900* WITH 2 SX CMT; PBID @10883. 3. PERF 10625-10658 & ACIDIZE W/1500 GAIS 15% NEFE. 4. RIH W/2-7/8 TBG; EOT @10661 5. SET PACKER @10386*; SWAB WELL; FLOW BACK; OPEN WELL TO SAIES 12/05/2008 SPUD 10/06/2008 DRILL RIG RELEASED 11/05/2008 COMPLETION RIG 11/16/2008-12/04/2008 1 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 belowgrade tank has been withe constructed or biosed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan SIGNATURE TITLE OPERATIONS ANALYST DATE 09/25/2009 E-mail address: cillich@petrohawk.com Telephone No. 972-767-1291 FOR State Use Only APPROVED BY TITLE DATE DATE NOV 2 0 2009	NOTICE OF INTE	NTION TO: PLUG AND ABANDON —	SUB REMEDIAL WORK	SEQUENT REF	PORT OF: ALTERING C. PLUG AND		
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SIGNATURE CONSTRUCTED OF MOCO guidelines and general permit or an (attached) alternative OCD-approved plan of the state Use Only APPROVED BY TITLE DATE DATE DATE DATE DATE DATE TITLE DESTRICT & SUPERVISOR NOV 2 0 2009					·		
Type or print name CORINNE HILICH E-mail address: cillich@petrohawk.com Telephone No. 972-767-1291 For State Use Only APPROVED BY TITLE DATE DATE	I hereby certify that the information ab grade tank has been will be constructed or el	oye is true and complete to the osed according to NMOCD guidelines	best of my knowledge , a general permit [and belief. I further and or an (attached) alter	ertify that any pit mative OCD-appro	or below-	
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APPROVED BY COMPLETE TITLE DATE	Type or print name CORINNE ILLICH			Telep	hone No. 972-7	67-1291	
APPROVED BY COMPLETE TITLE DATE	For State Use Only	1 / []	DISTRICT 1	SUPERVISO	uun T	/ 2 n 2009	
	APPROVED BY Conditions of Approval, if and	TIT	LE				