Office Office	State of New 1	Mexico	Form C-103
District 1 - (575) 393-6161	Energy, Minerals and N	latural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283			WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION	ON DIVISION	30-021-20625
District III - (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460	Santa Fe, NM	I 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
87505 SUNDRY NOTIC	CES AND REPORTS ON WEL	21	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			MIERA 2130
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Number	
1. Type of Well: Oil Well Gas Well Mother		353	
2. Name of Operator			9. OGRID Number 25078
WHITING OIL AND GAS CORPORATION			2001
3. Address of Operator		10. Pool name or Wildcat	
400 W ILLINOIS STE 1300 MIDLAND, TX 79701			BRAVO DOME CARBON DIOXIDE GAS 640
4. Well Location			
Unit Letter K 1660 feet fro	om the SOUTH line and 1660	feet from the WEST	line
Section 35 Tov	wnship 21N Range 3	OE NMPM	County HARDING
	11. Elevation (Show whether I		
	4656' GR		Commence of the Commence of th
12. Check Ap	ppropriate Box to Indicate	Nature of Notice,	Report or Other Data
NOTICE OF INT	CENTION TO	l our	OFOLIENT DEPORT OF
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			KK
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	CASING/CEMEN	
DOWNHOLE COMMINGLE	MOLTIPLE COMPL.	CASING/CEIVIEN	1 308
CLOSED-LOOP SYSTEM			
OTHER:		OTHER:	. П
	k). SEE RULE 19.15.7.14 NM		d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of
CHANGE WELL NUMBER FROM	4 35-3 to 353		
,			OIL CONS. DIV DIST. 3
6/03/2014 SPUDDED WELL 1	11: 15 PM		ole como. Div dist. 3
			JUN 05 2014
			3011 W 5 2014
			•
		<u></u>	
06/03/2014		.	l l
pud Date: 00/03/2014	Rig Release	Date:	
pud Date:	Rig Release	Date:	
hereby certify that the information al			ge and belief.
			ge and belief.
	bove is true and complete to the	e best of my knowledg	yst DATE: 06/05/2014
hereby certify that the information al	bove is true and complete to the	e best of my knowledg	YST DATE: 06/05/2014
IGNATURE Kay Maddox E-	bove is true and complete to the	e best of my knowledg	YST DATE: 06/05/2014
IGNATURE Maddox E-ror State Use Only	TITLE: REmail address: kay.Maddox@W	e best of my knowledg EGULATORY ANAL	YST DATE: 06/05/2014 432-638-8475
IGNATURE Maddox E-ror State Use Only	bove is true and complete to the	e best of my knowledg EGULATORY ANAL	YST DATE: 06/05/2014 432-638-8475
IGNATURE Kay Maddox E-lor State Use Only	TITLE: REmail address: kay.Maddox@W	e best of my knowledg EGULATORY ANAL	YST DATE: 06.05/2014 432-638-8475

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