Submit I Copy of Office	To Appropriate District	St	ate of New Me	xico		Form C-103
<u>District 1</u> - (575	istrict 1 – (575) 393-6161 Energy, Minerals and Natural Resources			ral Resources	II THE LAND LAND	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283					WELL API NO. 30-021- 20	~~8
811 S. First St.,	811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate Type	of Lease
	strict III - (505) 334-6178 1220 South St. Francis Dr.				STATE	FEE 🛛
District IV – (505) 476-3460 Santa Fe, NM 87505					6. State Oil & Ga	is Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					•	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					7. Lease Name of GALVESTON 1	r Unit Agreement Name 928
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other					8. Well Number	
2. Name of Operator					9. OGRID Numb	per 25078
WHITING OIL AND GAS CORPORATION					10 0	
3. Address of Operator 400 W ILLINOIS STE 1300 MIDLAND, TX 79701					10. Pool name or	
4. Well Location					BRAVO DOME CAR	BON DIOXIDE GAS 640
1						
Unit Letter J 1659 feet from the SOUTH line and 1750 feet from the EAST line Section 36 Township 19N Range 28E NMPM County HARDING						
Sect	ion 36	Township 19N	Range 28E	NMPM RKR RT GR atc		ARDING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5412 GR						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐						
TEMPORARILY ABANDON						
PULL OR ALTER CASING						
DOWNHOLE COMMINGLE						
OTHER:	OP SYSTEM		П	OTHER:		П
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.						
propo	osed completion or	recompletion.				
PLEASE CHANGE WELL NUMBER FROM 1-1 TO 11 3					OIL CONS. DIV DIST. 3	
					JUN O	5 2014
,						
Spud Date:			Rig Release Da	ite:		
. l						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE THE MANAGED TITLE: REGULATORY ANALYST DATE: 06/05/2014						
Type or print name Kdy Maddox E-mail address: <u>kay.Maddox@Whiting.com</u> PHONE: 432-638-8475 For State Use Only						
APPROVED BY LEWY DULL WILLEY LINE WOINCILL DATE LO-5-14						
Conditions of Approval (if any):						
		0			-	