Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Energy, N	Ainerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-021-20656
811 S. First St., Artesia, NM 88210 OIL CO	strict II - (575) 748-1283 I.S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	
District III – (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460  Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		RCVD SEP 18'14
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		STATE 2027
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		8 Well Number
PROPOSALS.)  1. Type of Well: Oil Well Gas Well 🔀 Other		361 OIL CONS. DIV.
		9. OGRID Number 25078
WHITING OIL AND GAS CORPORATION		DIST, 3
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 J 1660 feet from the SOUTH line and 1990 feet from the EAST line		
Section 36 Township 20N Range 27E NMPM County HARDING		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5523 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 CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM   OTHER:	□ OTHER:	
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.		
09/16/2014 SPUD WELL		
09/16/2014	n: n l	·
Spud Date: 09/10/2014	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
I hereby certify that the information above is true and complete to the best of my knowledge and benefit.		
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SIGNATURE MAL MAL TITLE: REGULATORY ANALYST DATE: 09/16/2014		
$( \ \ \ )$		
Type or print name Kay Maddox E-mail address: <u>kay.Maddox@Whiting.com</u> PHONE: 432-638-8475		
For State Use Only		
APPROVED BY: By John	TITLE	DATE 10/7/14
Conditions of Approval (if any).	11100	DATE