Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-021-20586
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOT	TICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		DOROTEO 1927
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 15-1
2. Name of Operator	Gas well 🔼 Other	9. OGRID Number 25078
WHITING OIL AND GAS CORE	POR ATION	9. OGRID Number 23078
3. Address of Operator	ORATION	10. Pool name or Wildcat
400 W ILLINOIS STE 1300 MI	DLAND, TX 79701	
4. Well Location		BRAVO DOME CARBON DIOXIDE GAS 640
	C 4 NORTH I' 1 1007 C (C 4 WEST	,.
	from the NORTH line and 1807 feet from the WEST	
Section 15 Township 19N Range 27E NMPM County HARDING		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
<u>lien marketti kan kan kan kan kan kan kan kan kan kan</u>	5618'	
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO:		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		ILLING OPNS. 🛛 PAND A
PULL OR ALTER CASING		I JOB 🔲
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.		
proposed completion of recompletion.		
SPUDDED WELL 7:00 PM 11/13/	2013	
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		.0
S1D-4	n' n i n i	
Spud Date:	Rig Release Date:	
1		<u></u>
I hereby certify that the information	above is true and complete to the best of my knowledg	ge and belief.
// 1.	. ,	
SIGNATURE TITLE: REGULATORY ANALYST DATE: 11/14/2013		
SIGNATURE TITLE: REGULATORY ANALYST DATE: 11/14/2013		
Time on wint name. Now Modden E weil address less Modde GWI W. DUOVE 400 600 0455		
Type or print name Kay Maddox E-mail address: <u>kay.Maddox@Whiting.com</u> PHONE: 432-638-8475		
For State Use Only	1	
APPROVED BY:	VICTORY TITLE METDICT CHIDA	EDVICAD DATE 4/2 / 2 - 4
APPROVED BY: Martin TITLE DISTRICT SUPERVISOR DATE 11/21/2013 Conditions of Approval (if any):		