

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-24933
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	K-2859

SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name New Mexico "4"
2. Name of Operator Whiting Petroleum Corporation	8. Well No. 2
3. Address of Operator 1700 Broadway, Suite 2300, Denver, Colorado 80290	9. Pool name or Wildcat Flying "M" San Andres
4. Well Location Unit Letter <u>P</u> : <u>860</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>4</u> Township <u>10 S</u> Range <u>33E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4257 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. 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.

Plug & abandon per attached procedure.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE G. Bruce Williams TITLE Staff Petroleum Engineer DATE _____

TYPE OR PRINT NAME G. Bruce Williams TELEPHONE NO. (303)837-1661

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 08 1991

CONDITIONS OF APPROVAL, IF ANY: