

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<div style="text-align: right;">Form C-105</div> <div style="text-align: right;">Revised August 1, 2011</div> <div style="border: 1px solid black; padding: 2px;">         1. WELL API NO.          30-021-20633       </div> <div style="border: 1px solid black; padding: 2px;">         2. Type of Lease  <input type="checkbox"/> STATE    <input checked="" type="checkbox"/> FEE    <input type="checkbox"/> FED/INDIAN       </div> <div style="border: 1px solid black; padding: 2px;">         3. State Oil &amp; Gas Lease No.       </div>
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG											
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)						5. Lease Name or Unit Agreement Name LEWIS 2028-34  6. Well Number: <div style="text-align: right; font-size: 1.2em; font-weight: bold;">OIL CONS. DIV DIST. 3</div> <div style="text-align: center;">001</div>					
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER						<div style="font-size: 1.2em; font-weight: bold;">NOV 05 2014</div>					
8. Name of Operator WHITING OIL & GAS CORPORATION						9. OGRID <div style="text-align: center;">25078</div>					
10. Address of Operator 400 W ILLINOIS STE 1300    MIDLAND, TEXAS 79701						11. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS 640					
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
<b>Surface:</b>	G	34	20N	28E		1859	NORTH	1749	EAST	HARDING	
<b>BH:</b>	G	34	20N	28E		1859	NORTH	1749	EAST	HARDING	
13. Date Spudded 7/06/2014	14. Date T.D. Reached 07/09/2014		15. Date Rig Released 07/11/2014			16. Date Completed (Ready to Produce) TBD		17. Elevations (DF and RKB, RT, GR, etc.) GR 5442'			
18. Total Measured Depth of Well 2920'			19. Plug Back Measured Depth 2819'			20. Was Directional Survey Made? NO		21. Type Electric and Other Logs Run NEUTRON, CLL, CBL			
22. Producing Interval(s), of this completion - Top, Bottom, Name 2650- 2674 TUBB											
23. CASING RECORD (Report all strings set in well)											
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED						
9 5/8	36	721	12 1/4"	450 SXS/CIRC							
5 1/2"	15.5	2872	8 3/4"	625 SXS/CIRC							
24. LINER RECORD			25. TUBING RECORD								
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET				
26. Perforation record (interval, size, and number) ALL 6SPF 0.42" HOLE 2650-2674				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <div style="border: 1px solid black; padding: 2px;">           DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED            2650-2674    FRAC W/30.883#SD+12757 GALS GEL, 253.3 BBLs LIQUID CO2         </div>							
28. PRODUCTION											
Date First Production TBD		Production Method (Flowing, gas lift, pumping - Size and type pump) FLOWING			Well Status (Prod. or Shut-in)						
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)					
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						30. Test Witnessed By					
31. List Attachments											
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.											
33. If an on-site burial was used at the well, report the exact location of the on-site burial:											
Latitude 35.921629			Longitude -103.950844		NAD 1927						
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief											
Signature <i>K. Maddox</i>		Printed Name KAY MADDOX		Title REGULATORY SUPERVISOR		Date 10/31/2014					
E-mail Address kay.maddox@whiting.com											