

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-021-20659
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator WHITING OIL AND GAS CORPORATION		6. State Oil & Gas Lease No. 313612
3. Address of Operator 400 W ILLINOIS STE 1300 MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name CANDELARIO 1928 10
4. Well Location Unit Letter J 1660 feet from the SOUTH line and 1660 feet from the EAST line Section 10 Township 19N Range 28E NMPM County HARDING		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5519' GR		9. OGRID Number 25078
		10. Pool name or Wildcat WILDCAT:TUBB CO2 GAS POOL

12. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/> FIRST PRODUCTION WELL TEST <input type="checkbox"/>

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.

09/28/2014 SPUD WELL - DRLD 12 1/4" HOLE  
09/29/2014 RAN 9 5/8" J-55 36# CSG SET @ 771' W/350 SXS CMT 13.00PPG 1.89 YIELD + 150 SXS 14.80 PPG 1.32 YIELD  
TOTAL 500 SXS CMT, CIRC 208 SXS CMT TO SURF, PRESS UP TO 600# FOR 30" HELD DRLD 8 1/4" HOLE  
10/09/2015 TD 2989'  
10/10/2014 RAN 5 1/2" J-55 15.5# CSG SET @ 2989' W/600 SXS CMT 13.00 PPG 2.61 YIELD + 300 SXS CMT 14.80 PPG 1.86  
YIELD -TOTAL 900 SXS CMT, CIRC 102 BBLs CMT TO SURF, PRESS UP TO 600# FOR 30" HELD  
10/10/2014 RELEASED RIG

04/15/2015 DATE OF FIRST PRODUCTION 2 3/8" 4.6# J-55 IPC TBG/PKR SET @ 2752', NO TAIL PIPE,  
SITP 550 PSI, BHP 750 PSI  
04/15/2015 24 HR WELL TEST - 301 MCFPD 70 BWPD, TBG PRESS 86 PSI 1" FULL OPEN

Spud Date: 09/28/2014 Rig Release Date: 10/10/2014

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

SIGNATURE Kay Maddox TITLE: REGULATORY ANALYST DATE: 01202016

Type or print name Kay Maddox E-mail address: [kay.Maddox@Whiting.com](mailto:kay.Maddox@Whiting.com) PHONE: 432-638-8475

For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Conditions of Approval (if any):