

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

WELL API NO. 30-021-20597
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 40301
7. Lease Name or Unit Agreement Name LADD 1928 17
8. Well Number 01
9. OGRID Number 25078
10. Pool name or Wildcat BRAVO DOME CARBON DIOXIDE GAS 640

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator WHITING OIL AND GAS CORPORATION	
3. Address of Operator 400 W ILLINOIS STE 1300 MIDLAND, TX 79701	
4. Well Location Unit Letter K 1660 feet from the SOUTH line and 1660 feet from the WEST line Section 17 Township 19N Range 28E NMPM County HARDING	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5550' GR	

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"/>	PLUG AND ABANDON <input 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"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <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.

01/08/2016 RIH TAG FLUID LEVEL @ 1218', SET CIBP @ 2675'  
01/19/2016 TIH TAG CIBP @ 2675', PRESS TST CSG TO 500 PSI, HELD, PMP 70 SXS CMT 2675-1983'  
PERF 4 SHOTS @ 767', ATTEMPTED TO SQZ, COULD NOT, PMP 25 SXS CMT 831-584', PERF 4 SHOTS @ 500', ATTEMPTED TO SQZ, COULD NOT, PMP 25 SXS CMT 544-297', PERF 4 SHOTS @ 175', PMPD 80 SXS CMT, CIRC CMT TO SURF, ALL CSG FILLED W/CMT.  
01/20/2016 CLEANED SURF LOC, WELDED SURF PLATE & P&A MARKER

RE-SEEDING LOCATION WILL BE DONE DURING 2016 GROWING SEASON

Spud Date:

Rig Release Date:

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: 01/20/2016

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:

*[Signature]*

TITLE

DIST IV

DATE

1/26/16

Conditions of Approval (if any):