

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

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| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.)<br>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other |  | WELL API NO.<br>30-021-20630   |
| 2. Name of Operator<br>WHITING OIL AND GAS CORPORATION  |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE |
| 3. Address of Operator<br>400 W ILLINOIS STE 1300 MIDLAND, TX 79701   |  | 6. State Oil & Gas Lease No.   |
| 4. Well Location<br>Unit Letter J 1860 feet from the NORTH line and 1750 feet from the EAST line<br>Section 16 Township 20N Range 28E NMPM County HARDING   |  | 7. Lease Name or Unit Agreement Name<br>STATE 2028                         |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>5535' GR  |  | 8. Well Number<br>161  |
|   |  | 9. OGRID Number 25078  |
|   |  | 10. Pool name or Wildcat<br>BRAVO DOME CARBON DIOXIDE GAS 640              |

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

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|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input checked="" type="checkbox"/><br>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.

08/29/2014 SPUD WELL  
 08/30/2014 RAN 9 5/8" J-55 36# CSG SET @ 772' W/300SXS CMT 13.00PPG 1.89 YIELD + 200 SXS 14.80 PPG 1.32 YIELD TOTAL 500 SXS CMT, CIRC TO SURF, PRESS UP TO 600# FOR 30" HELD  
 09/04/2014 RAN 5 1/2" J-55 15.5# CSG SET @ 2824 W/400 SXS CMT 13.00 PPG 2.61 YIELD + 275 SXS CMT 14.80 PPG 1.86 YIELD -TOTAL 675 SXS CMT, CIRC TO SURF, PRESS UP TO 600# FOR 30" HELD  
 09/04/2014 RELEASED RIG

RCVD SEP 9 '14

*Amend Sundry to include Surf Hole Size & TD  
 Production hole size & PD of well*

OIL CONS. DIV.  
 DIST. 3

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: 09/04/2014

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: DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE 9/12/14  
 Conditions of Approval (if any): AY