Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District I  1625 N. Franch Dr. Hobbs NM 88240  Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240  District II	30 025 1054Z
1301 W. Grand Ave., Artesia, NM 88270 CERVEONSERVATION DIVISION  District III  1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 NOV 1 7 2000, Sonto Fo. NIM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM, 1008BSOCD	6. State Oil & Gas Lease No.
87505 HOBBSOCD	301940
SUNDRY NOTICES AND RÉPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Skelly Penrose B Unit
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number
2. Name of Operator /	9. OGRID Number 25078 /
Whiting Oil and Gas Corp	
3. Address of Operator	10. Pool name or Wildcat
400 W. Illinois, Ste. 1300, Midland, Tx 79701	Langlie Mattix, 7 Rvrs. Qn-Grbg
4. Well Location Unit Letter G: 1980 feet from the north line and	1980 feet from the East line
Section 32 Township 22 S Range 37 E	NMPM Les County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK	
TEMPORARILY ABANDON	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT	
DOWNHOLE COMMINGLE   TIA	STATUS TEST
OTHER: OTHER: MIT	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion.	ipletions: Attach wellbore diagram of
10/19/2009: Pressure test.	proval of Temporary 10/19/2010
begin 520 PSI End 510 psi Chart attached	1/4  2010
C 1 510 051	13TV 10/191
end siv psi	1 of Temporary
Chart attached	proval of Expires 1997
This ndo	onment 10/3/11
Aberra	id TIP
7m'	proval of Temporal proval of Temporal of T
.'	
Spud Date: Rig Release Date:	
	,
I hereby certify that the information above is true and complete to the best of my knowledge	and haliaf
Thereby certify that the information above is true and complete to the best of my knowledge and belief.	
Mulha (Conditional)	
SIGNATURE / WILL CAT / JOHN TITLE Regulatory Analyst	DATE 11/4/2009
Type or print name Lauro-Clepper@wil	niting.com_ PHONE: 432.686.6718
For State Use Only	11101111. 100 400. 4110
APPROVED BY: Markethalm TITLE Compliance Offi	11/10/2mg
APPROVED BY: Warle Chatter TITLE Comp Janee Off	<u>Gr DATE 11/18/2009</u>
Conditions of Approval (if any):	

