Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-021-20631
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	24.1.4 1 6, 1 1.1 6 / 5 6 5	o. State Off & Gas Lease No.
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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		MITCHELL 2028
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 221
2. Name of Operator WHITING OIL AND GAS CORPOR		9. OGRID Number 25078
3. Address of Operator		10. Pool name or Wildcat
400 W ILLINOIS STE 1300 MIDLAND, TX 79701		BRAVO DOME CARBON DIOXIDE GAS 640
4. Well Location		
Unit Letter G 1660 feet from	n the NORTH line and 1750 feet from the EAS	ST line
Section 22 Townsh		County HARDING
TO SECURE A PROPERTY OF THE PR	11. Elevation <i>(Show whether DR, RKB, RT, GR, &</i> 5437' GR	elc.)
12 Claral A	CN C	. D. A. Od. D.A.
12. Check Ap	propriate Box to Indicate Nature of Notic	ce, Report or Other Data
NOTICE OF INT	ENTION TO: SI	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON 🔲 📗 REMEDIAL W	ORK ALTERING CASING
		DRILLING OPNS. ☑ P AND A □
	MULTIPLE COMPL	ENT JOB 💆
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	□ OTHER:	П
		and give pertinent dates, including estimated date
). SEE RULE 19.15.7.14 NMAC. For Multiple	
08/20/2014 SPUDDED WELL		
	G SET @ 772' W/500 SXS CMT, 14.80 PPG, 1.3	35 YIELD,CIRC CMT TO SURF,
PRESS UP TO 600# FOR		
Report Hole	Size a Suy TD	
10/3013 19012	0	
Saud Data: 08/20/2014		
Spud Date: 08/20/2014	Rig Release Date:	
L		
YI I 'S' A A A A A A A A A A A A A A A A A A		ada and hallaf
I hereby certify that the information ab	ove is true and complete to the best of my knowledge.	eage and belief.
$$	11.1	
SIGNATURE // M // W	TITLE: REGULATORY ANA	ALYST DATE: 08/26/2014
	'	
••	nail address: <u>kay.Maddox@Whiting.com</u> PHON	NE: 432-638-8475
For State Use Only	7//	
APPROVED BY: By	TITLE TITLE	DATE 8-29-14
Conditions of Approval (if any):	PV	
	I V	