Submit I Copy To Appropriate Officea		State of New N		Form C-1 Revised July 18, 2
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 784-1283				WELL API NO. 30-021-20678
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr.				STATE $\square$ FEE $\boxtimes$
1000 Rio Brazos Rd., Aztec, NM 87410         Santa Fe, NM 87505           District IV - (505) 476-3460         Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe 87505	, NM			
		REPORTS ON WELL		7. Lease Name or Unit Agreement Nam
(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				AK GEE 1928 30
PROPOSALS.) 1. Type of Well:		as Well 🕅 Other		8. Well Number 01
2. Name of Operator				9. OGRID Number 25078
WHITING OIL AND GAS CORPORATION 3. Address of Operator				10, Pool name or Wildcat
400 W ILLINOIS STE 1300 MIDLAND, TX 79701				WILDCAT; TUBB CO2 GAS POOL
4. Well Location				•
		RTH line and 1650	-	
Section 30	Township 19N	¥	NMPM	County HARDING
	5558' GR	tion (Show whether D	ά, παδ, κι, GK, eld	
International Construction Street Street and Street				
12.	Check Appropriat	e Box to Indicate	Nature of Notice	, Report or Other Data
	OF INTENTIO			BSEQUENT REPORT OF:
TEMPORARILY ABANDO	_			RILLING OPNS. 🗹 PANDA
PULL OR ALTER CASING		E COMPL	CASING/CEMEN	NT JOB 🗹
DOWNHOLE COMMINGL				
CLOSED-LOOP SYSTEM OTHER:		<b>m</b>	OTHER:	
proposed completi 12/11/2014 SPUDDED W	on or recompletion.			ompletions: Attach wellbore diagram of
		SURF, PRESS UP TO	) 600#, HELD	VIELD) + 150 SXS CMT (14.8PPG, 1.34 OIL CONS. DIV DIST. 3
٦.	in the		1221 c : :	Surg 2014
Muend Sur	and is	include	- HOLE SI	ze vTD DEC 1.8.2014
Spud Data: 12/11/2014				
Spud Date:		Rig Release I		1
			•	
I hereby certify that the info	rmation above is true	e and complete to the	best of my knowled	ge and belief.
d.	1 And Inc			
SIGNATURE / M	muary	TITLE: REC	GULATORY ANAL	YST DATE: 12/16/2014
Type or print name Kay M	addox E-mail addre	ss: kay.Maddox@Wh	iting.com PHONE	: 432-638-8475
For State Use Only	11.		<u></u>	· · voo • ···-
APPROVED BY:	[ [ ]	TITLE		DATE 12-20-14
Conditions of Approval (if	any):	FY		
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