

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-25924</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>L 6379</b>
7. Lease Name or Unit Agreement Name <b>Horseback</b>
8. Well Number <b>5</b>
9. OGRID Number <b>25078</b>
10. Pool name or Wildcat <b>Comanche Stateline Tansil Yates</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>Whiting Oil &amp; Gas Corporation</b>	
3. Address of Operator <b>400 W. Illinois, Ste. 1300, Midland, TX 79701</b>	
4. Well Location Unit Letter <b>H</b> : <b>330</b> feet from the <b>South</b> line and <b>990</b> feet from the <b>East</b> line Section <b>33</b> Township <b>26-S</b> Range <b>36-E</b> NMPM <b>Lea</b> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>2,899' GL</b>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>	
Pit type <b>STEEL</b> Depth to Groundwater _____ Distance from nearest fresh water well <b>&gt; 1 mile</b> Distance from nearest surface water <b>&gt; 1 mile</b>	
Pit Liner Thickness: <b>STEEL</b> mil Below-Grade Tank: Volume <b>180</b> bbls; Construction Material <b>STEEL</b>	

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	
OTHER: <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/06/05 thru 12/08/05

Notified NMOCD, Sylvania. MIRU Triple N rig & plugging equipment, set steel working pit. POOH w/ rods & pump. NU BOP. POOH w/ production tubing. Set CIBP @ 3,013'. Circulated hole w/ mud and pumped 25 sx C cmt on CIBP 3,013 - 2,772'. Pumped 25 sx C cmt 2,134 - 1,893'. Cut & pulled 5 1/2" casing from 1,450'. RIH w/ tubing and pumped 60 sx C cmt w/ CaCl<sub>2</sub> @ 1,506'. WOC and tagged cmt @ 1,217'. Circulated 55 sx C cmt 215' to surface. POOH w/ tbg, ND BOP, topped off casing w/ cmt. RDMO.

Cut off wellhead, installed dry hole marker, cut off anchors.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE  TITLE Petroleum Engineer DATE 12/09/05

Type or print name James F. Newman, P.E. E-mail address: jim@triplenservices.com Telephone No. 432-687-1994  
**For State Use Only**

APPROVED BY:  TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE \_\_\_\_\_  
Conditions of Approval (if any) \_\_\_\_\_

JAN 04 2006