| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | | Form C-103 May 27, 2004 |
|--|----------------------------|--|--------------------|--------------------------------------|-----------------------------------|
| <u>District 1</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | | |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | strict II | | | 30-025-28006 | |
| District III | 1220 South St. Francis Dr. | | | 5. Indicate T | |
| 00 Rio Brazos Rd., Aztec, NM 87410 strict IV Santa Fe, NM 87505 | | | | STATI 6 State Oil & | E FEE Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | o. State on c | V Gus Deute 1101 |
| SUNDRY NOTICES 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 | | | | Knight | |
| PROPOSALS.) | | | | 8. Well Num | ber 17 |
| 1. Type of Well: Oil Well ⊠ Gas Well ☐ Other 2. Name of Operator | | | | 9. OGRID N | |
| Whiting Oil & Gas Corporation | | | | 025078 | |
| 3. Address of Operator | | | | 10. Pool nam | |
| 400 W. Illinois, Suite 1300, Midland, Texas 79701 4. Well Location | | | | Langue | Mattix Seven Rivers Queen |
| Unit Letter M: 1,315 feet from the South line and 660 feet from the West line | | | | | |
| Section 22 Township 24-S Range 37-E NMPM County Lea | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | |
| Pit or Below-grade Tank Application ⊠ or Closure □ | | | | | |
| | | oorest fresh water | r wall aver 1 0002 | Distance from need | west surface water over 1 000? |
| Pit type_STEEL_Depth to GroundwaterDistance from nearest fresh water well_over 1,000'_Distance from nearest surface water_over 1,000'_Distance from nearest surface water_ | | | | | |
| | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| NOTICE OF IN | | _ | | _ | REPORT OF: |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ | | | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | | | |
| OTHER: OTHER: | | | | | |
| 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. | | | | | |
| | | | | | |
| 8%" @ 810' circulated w/ 500 sx; 5½" @ 3,649' w/ 280 sx, TOC 2,033' calculated; Queen perforations 3,428 – 3,502' | | | | | |
| 1. Notify NMOCD. Set steel pit. MIRU, NU BOP. POOH w/ injection equipment. Set CIBP @ 3,378'. | | | | | |
| 2. Circulate hole w/ mud and pump 25 sx C cmt 3,378 – 3,138'. | | | | | |
| 3. Pump 25 sx C cmt 2,650 – 2,410'. Estimated base of salt plug | | | | | |
| 4. Perforate & squeeze 50 sx C cmt 860 - 760'. WOC & TAG surface casing shoe & top of salt plug | | | | | |
| 5. Pump 10 sx C cmt 60' to surface. | | | | | |
| 6. ND BOP & RDMO. | | | THE OIL CO | NSERVAT | ION DIVISION MUST |
| Cut off wellhead & install dryhole marker, cut anchors, backfill cellar. BE NOTIFIED 24 HOURS PRICE TO THE | | | | | |
| | , | ·, · · · · · · · · · · · · · · · · · · | | | GING OPERATIONS. |
| | | | _ | | on or Experience. |
| I hamahy gamify that the information | h '- 4 1 | .11 1 | C 1 1 1 | 11 11 0 | |
| 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 AS | # | TITLE . | ongingar Triple N | Commissa Inc | DATE 01/25/06 |
| SIGNATURE TV | | TITLE | engineer, Triple N | services, Inc. | DATE <u>01/25/06</u> |
| | ewman, P.E. | E-mail addre | ess: jim@triple | nservices.com | Telephone No. <u>432-687-1994</u> |
| For State Use Only | | 1 | THE HINE HIST | AFF MANAGE | R |
| APPROVED BY: Laur W | . Wind or | C FIFTE REPRE | SENTATIVE II/ST | -1 * | DATE |
| Conditions of Approval (if and): | | | | | |