

RECEIVED NOV 17 2009 HOBBS		OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30 025 10537
SUNDRY NOTICES AND REPORTS ON WELLS (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.)		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>		6. State Oil & Gas Lease No. 301940
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Trig		7. Lease Name or Unit Agreement Name Skelly Penrose B Unit		8. Well Number 16
2. Name of Operator Whiting Oil and Gas Corp		9. OGRID Number 25078		10. Pool name or Wildcat Langlie Mattix, 7 Rvrs. Qn-Grbg
3. Address of Operator 400 W. Illinois, Ste. 1300, Midland, Tx 79701		4. Well Location Unit Letter P : 990 feet from the south line and 660 feet from the East line Section 32 Township 22S Range 37E NMPM Lea County		11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3369

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

T/A STATUS TESTOTHER: **MIT CHART** ☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/20/2009: rig up to pressure test.**began: 530 psi****End: 520 psi****chart attached**

This Approval of Temporary
 Abandonment Expires **10/20/2010**
 Initial T/A **6/12/1998**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Laura ClepperTITLE **Regulatory Analyst**DATE **11/4/2009**

Type or print name

Laura ClepperE-mail address: **laura.clepper@whiting.com**PHONE: **432.686.6718**

For State Use Only

APPROVED BY:

Mark Whitaker

TITLE

Compliance OfficerDATE **11/18/2009**

Conditions of Approval (if any):

