Submit I Copy To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	October 13, 2009
. 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88240 CE VOIL CONSERVATION DIVISION	30 025 10538
	5. Indicate Type of Lease
1000 Dio Prozos Dd. Aston NM 97MMW 5 7 October	STATE FEE
District IV	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fellin BBSOCD	301940
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	Skelly Penrose B Unit
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other This	8. Well Number
71	O. OCRID Number
2. Name of Operator	9. OGRID Number 25078
Whiting Oil and Gas Corp  3. Address of Operator	10. Pool name or Wildcat
•	i
400 W. Illinois, Ste. 1300, Midland, Tx 79701	Langlie Mattix, 7 Rvrs. Qn-Grbg
4. Well Location	
Unit Letter J: 1980 feet from the south line and 1980 feet from the east line	
Section 32 Township 275 Range 37E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
Na. Check Appropriate Box to majorite of Notice, Report of Oriel Butt	
NOTICE OF INTENTION TO: SUBSEQUENT 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	
	STATUS TEST
OTHER: □ OTHER: MI]	CHART
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
	•
This Approval of Temporary 10/20/2010 Begin: 5- Abandonment Expires End; 5	
10/20/2009: K1) (ac	pressure test
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	(DI VISICIE / RIST.
1 1 Deain: 5	10 psi
This Approval of Temporary 10/20/2010	
Abandonment Expires \( \xi \) Initial T/A 5/7/1993	40 psc
Abandonment Expires  Initial T/A 5/7/1993  Chart attack	1
Initial 1/4 5/1/1993	l d
Chart allow	
	-
Spud Date: Rig Release Date:	
The state of the s	
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I hereby certify that the information above is true and complete to the best of my knowledge	and haliaf
Thereby certify that the information above is true and complete to the best of my knowledge and benefit	
$\mathcal{A}_{i}$ , $\mathcal{M}_{i}$	
SIGNATURE THE CONTROL TITLE Regulatory Analyst	DATE 11/4/2009
Type or print name Laura Clepper@wi	hiting.com PHONE: 432 686.6718
For State Use Only	, , , , , , , , , , , , , , , , , , , ,
APPROVED BY: Wash white the TITLE Compliance Offi	Cer DATE 11/18/2009
Conditions of Approval (if any):	

