Submit 1 Copy To Appropriate District Office	State of New Mexico.	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u>	CONSERVATION DIVISION	30 025 106 13
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE TO
1000 Rio Brazos Rd., Aztec, NN 9410 / 200	9 Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa BSOC	D	301940
87505	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 PROPOSALS.)	N FOR PERMIT" (FORM C-101) FOR SUCH	Skelly Penrose B Unit 8. Well Number 56
71	Well Other	8. Well Number 56
2. Name of Operator		9. OGRID Number 25078
Whiting Oil and Gas Corp 3. Address of Operator		10. Pool name or Wildcat
400 W. Illinois, Ste. 1300, Midland, Tx 79701		Langlie Mattix, 7 Rvrs. Qn-Grba
4. Well Location Unit Letter L: 1980 feet from the South line and 660 feet from the west line		
Unit Letter L: 1980 feet from the South line and 600 feet from the Word line Section 8 Township 23 5 Range 37 E NMPM Lea County		
	Elevation (Show whether DR, RKB, RT, GR, etc.	A STATE OF THE PROPERTY OF THE
12 Cl. 1 A ' 4 D. 4 I l'este Nations « CNI-ties Demont en Othen Dete		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTER	ITION TO: SUB	SSEQUENT REPORT OF:
_	UG AND ABANDON REMEDIAL WOF	
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE	-	STATUS TEST
OTUED.		
OTHER: OTHER: 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.		
10/19/20	09: RV to chart pre	SSULE
<u></u>	530 psi	
DE	gin. 530 Osi	
	gin: 530 psi end: 530 psi hart attached This	
C	hart attached This	Approval of Temporary 10 /14/201
	Aban	Approval of Temporary 10/19/2019 Idonment Expires
	In	itial T/A 6/8/2004
		3
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
AVIII (1/2)		
SIGNATURE CHILD CONTROL SIGNATURE	TITLE <u>Regulatory Analyst</u>	DATE 11/4/2009
Type or print name Laura (12) por	E-mail address: laura.elepper@v	uhiting.com PHONE: 432 686. 6718
For State Use Only		
APPROVED BY: Wash Whitake TITLE Compliance Officer DATE 11/18/2009		
Conditions of Approval (if any):	THE COMPLETE	

