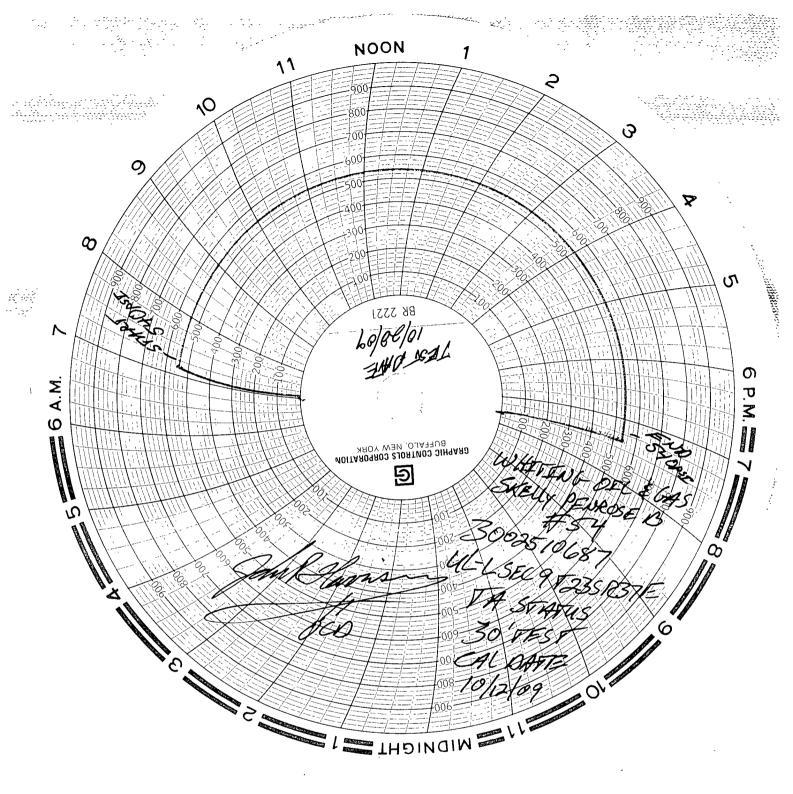
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30 025 10687
1301 W. Grand Ave., Artesia, NM 88200	COVEDO South St. Francis Dr.	5. Indicate Type of Lease
1000 Kio Diazos Ku., Aziec, NW 6/410kins	to South En NIM 07505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM.	7 7 20119 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr , Santa Fe, NM, 87505	BSOCO	301940
SUNDRY NOTIC	TES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICA	ATION FOR PERMIT" (FORM C-101) FOR SUCH	Skelly Penrose B Unit
PROPOSALS.) 1. Type of Well: Oil Well (Gas Well Other Thi	8. Well Number 54
2. Name of Operator		9. OGRID Number 25078 /
Whiting Oil and Gas Cor 3. Address of Operator	φ (10. Pool name or Wildcat
400 W. Illinois, Ste. 1300,		Langlis Mattix, 7 Rurs. Qn-Grba
4. Well Location		margine Meeting, 1 KANS CHAP
Unit Letter : 1980 feet from the South line and 660 feet from the west /line		
Section 9	Township 235 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		
NOTICE OF INT		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE	T/A	STATUS TEST
OTHER:	OTHER: MI	
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.		
10/22/2009: RU to chart pressure		
10/22/2009.		
	begin: 540 psi end: 540 psi	
V.	sud: 540 DSi	,
	Th	is Approval of Temporary 10/22/201 andonment Expires
	chart attached Ab	andonment Expires
	\mathcal{L} 1	nitial T/A 10/31/1997
		-
Court Date	n: n l	
Spud Date:	Rig Release Date:	
? -		7
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
\mathcal{A} \mathcal{A}		
SIGNATURE CONDEX TITLE Regulatory Analyst DATE 11/4/2009		
In a Chan		
Type or print name Laura-Cleppe	E-mail address: laura.clepper@v	Whiting.com PHONE: 432 686. 6718
For State Use Only		
APPROVED BY: Wash with title Compliance Officer DATE 11/18/2009		
Conditions of Approval (if any):	1	1



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