

May 27, 2004

Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
DEC 23 2009
HOBBSOCD

CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-10637
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: SKELLY PENROSE B UNIT
8. Well Number 29
9. OGRID Number 025078
10. Pool name or Wildcat Langlie Matrix 7 RVR O-GR

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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTION WELL</u>	7. Lease Name or Unit Agreement Name: SKELLY PENROSE B UNIT
2. Name of Operator WHITING OIL & GAS CORPORATION	8. Well Number 29
3. Address of Operator 400 W. Illinois, Suite 1300, Midland, TX 79701	9. OGRID Number 025078
4. Well Location Unit Letter <u>H</u> : <u>2112</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>5</u> Township <u>23-S</u> Range <u>373</u> NMPM County <u>LEA</u>	10. Pool name or Wildcat Langlie Matrix 7 RVR O-GR
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3340' GR</u>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 COMPLETION ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
 CASING TEST AND CEMENT JOB ☐
 OTHER: ☐

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.enrmd.state.nm.us/oed.

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.

12-2-09 Set C.I.B.P. @3,550'. 12-3-09 Cap C.I.B.P. w/25 sx. cmt. Displace T.O.C. to 3,310'. Tbg. @2,650'
Spot 25 sx. cmt. Displace T.O.C. to 2,410'. Perf. @1,200'. Unable to get injection rate. Called
Mark Whitaker, O.C.D. He O.K. to spot 25 sx. @1,250'. Tbg. @1,250'. Spot 25 sx. Displace T.O.C.
to 1,010'. Tag @1,017'.

12-7-09 Perf. @375'. Est. injection rate. No circulate out annulus. O.K. by O.C.D., Mark Whitaker to sqz.
25 sx. instead of 50 sx. Tag T.O.C. @263'.

12-9-09 Perf. @70'.

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

SIGNATURE Laura Clepper TITLE Regulatory Analyst DATE 12/18/2009

Type or print name Laura Clepper E-mail address: laura.clepper@whiting.com PHONE: 432-686-6718

For State Use Only

APPROVED BY: Laura Clepper TITLE DISTRICT 1 SUPERVISOR DATE DEC 28 2009

Conditions of Approval (if any):