

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
07/05/2012
Document Number:
400302702

NOTICE OF NOTIFICATION

Entity Information

| | | |
|--|-----------------------------------|--------------------------|
| OGCC Operator Number: <u>96155</u> | Contact Person: <u>Scott Webb</u> | |
| Company Name: <u>WHITING OIL AND GAS CORPORATION</u> | Phone: <u>(303) 390-4095</u> | |
| Address: <u>1700 BROADWAY STE 2300</u> | Fax: <u>(303) 390-5590</u> | |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u> | Email: <u>scottw@whiting.com</u> | |
| API #: <u>05 - 123 - 35499 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Wolf 35-2613H</u> | | |
| Sec: <u>35</u> Twp: <u>10N</u> Range: <u>59W</u> QtrQtr: <u>SWSW</u> | Lat: <u>40.788114</u> | Long: <u>-103.952628</u> |

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/01/2012 Time: 06:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Scott M. Webb Email: scottw@whiting.com

Signature: _____ Title: Reg & Permitting Manager Date: 07/05/2012