hatmit 5 Copies Appropriate District Office 1/15 FECT I FO. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

Enc /, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

CAVID S

Revised 1-1-89 See Instructions 457 at Bottom of Page

DISTRICT HI 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION.

Printed Name  17-73  Date	Title (915)687-0501 Telephone No.	Title	UPERVISOR, DISTRICT !
(Signature 7 ab) (ab) Production Clerk		By ORIGINAL SIGNED BY MIKE WILLIAMS	
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved FEB 2 3 1993	
		OIL CONS	ERVATION DIVISION
Hesting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank	ST FOR ALLOWABLE ecovery of total volume of load o'l and must Date of Test	be equal to or exceed top allowab Producing Method (Flow, pump,	gas lift, etc.)
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Perforations	TUBING, CASING AND	CEMENTING RECORD	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	10// 0/10 0 1 4/	Tubing Depth  Depth Casing Shoe
Date Spadded	Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay	P.B.T.D.
Designate Type of Completion -			Deepen Plug Back Same Res'v Diff Res'v
	rom any other lease or pool, give commingli	ng order number:	
It well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgc.	Is gas actually connected?	When ?
Navajo Refining  Name of Authorized Transporter of Casingle	head Gas or Dry Gas	P.O. Box 159, Arte Address (Give address 10 which a	esia, NM 8821() approved copy of this form is to be sent)
HI. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATUI	Address (Give address to which a	approved copy of this form is to be sent)
Section 8 Township	21S Range 28E	, nmpm, Eddy	County
Location Unit Letter	: 2291 Feet From The	S Line and 483	Feet From The W Line
H. DESCRIPTION OF WELL A Lease Name Big Eddy Federal	Well No.   Pool Nanse, Includin	g Formation	Kind of Lease Lease No. State, Federal or Fee
f change of operator give name and address of previous operator			
New Well  Recompletion  Change in Operator	Change in Transporter of:  Oil Dry Gas Casinghead Gas Condensate	(0) Bbl from Salt	Water Disposal
310 W. Wall, Ste 814, N Reason(s) for Filing (Check proper box)		X Other (Please explain)	
Dakota Resources, Inc.	<u> </u>		30-015 <b>-3</b> 4824
Operator	TO TRANSPORT OIL		Well API No.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Common Down C 101 must be filed for each revol in multiply completed wells