

HOBBS OCD
JAN 09 2020
RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name DAKOTA RESOURCES		API Number 30-025-23985
Property Name WALLEN Fed.		Well No. #2

1. Surface Location

UL - Lot C	Section 20	Township 20S	Range 34E	Feet from 990	N/S Line N	Feet From 1650	E/W Line W	County LEA
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJ <input checked="" type="radio"/> INJECTOR <input checked="" type="radio"/> SWD	OIL PRODUCER GAS	DATE 12-11-19
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OBSERVED DATA

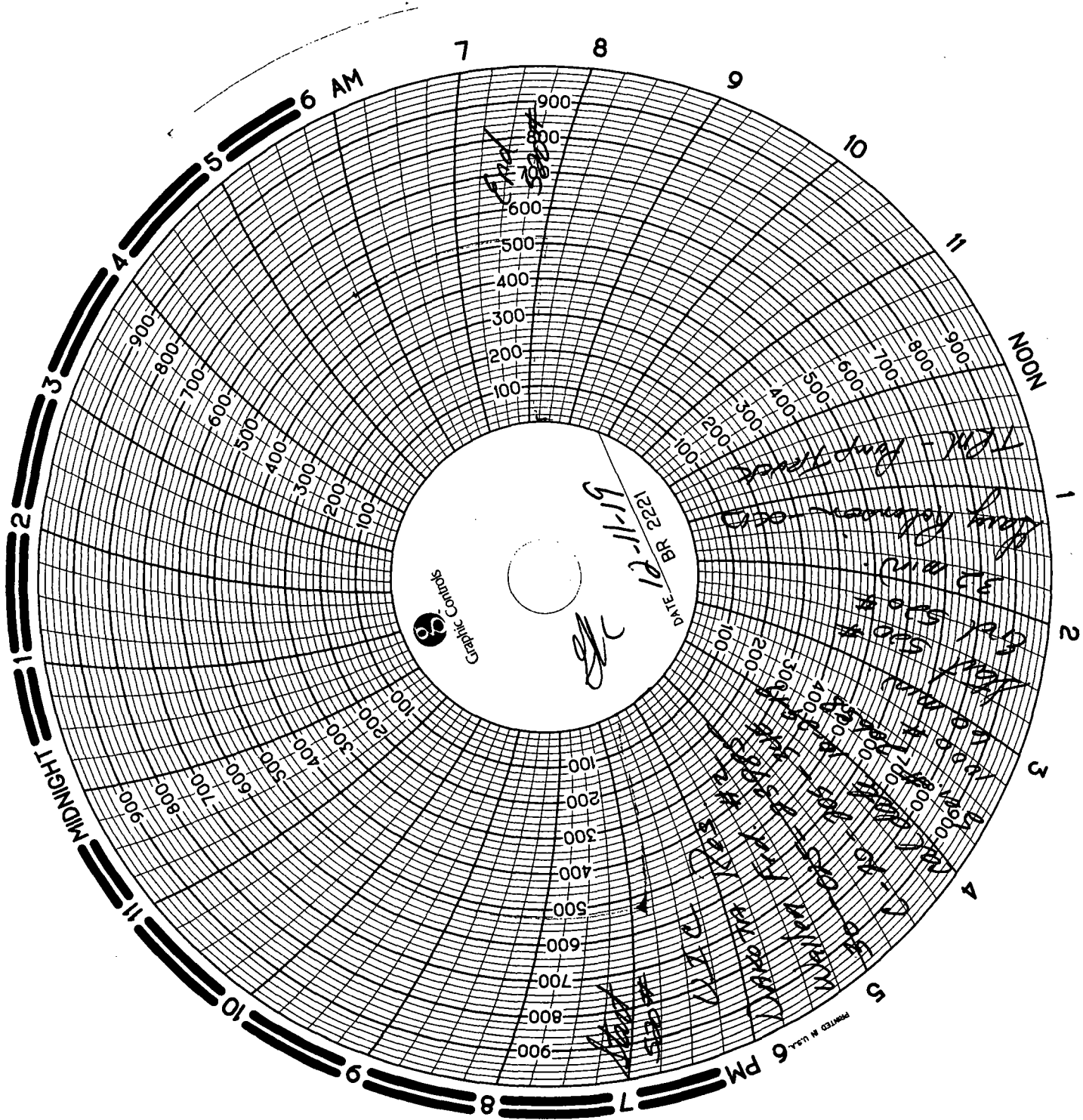
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0			0	0
Flow Characteristics					
Puff	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	CO2
Steady Flow	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	WTR
Surges	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	GAS
Down to nothing	<input checked="" type="radio"/> N	Y/N	Y/N	<input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	Injected for
Water	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**UIC
MIT**

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: Gary Robinson			

INSTRUCTIONS ON BACK OF THIS FORM



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. L-029512

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other Instructions on page 2

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

8. Well Name and No. Wallen Federal #2

2. Name of Operator Dakota Resources, Inc. (I)

9. API Well No. 30-025-23985

3a. Address 4914 N. Midkiff
Midland, TX 79705

3b. Phone No. (include area code)
(432) 697-3420

10. Field and Pool or Exploratory Area
Teas Yates Seven Rivers

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
900'FNL & 1650' FWL (Unit C) Sec 20, T-20-S, R-34-E, NMPM

11. Country or Parish, State
Lea County, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION				
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off	
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon		
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal		

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

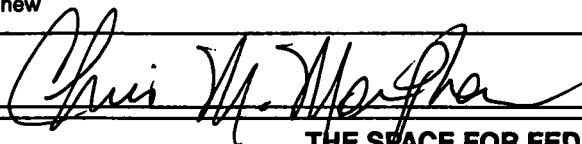
Performed Bradenhead test on SWD well. Test dated 12/11/19. Pressured up to 520#. At the end 32 minutes pressure realined at 520#. Chart attached.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Chris M. Morphew

President
Title

Signature



Date

12/18/2019

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

Sam Polanco NMOC 1-10-20

FOR RECORD ONLY