

HOLLAND & HART ^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

March 24, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES

**Re: Application Of Dakota Resources, Inc. To Reinstate The Injection
Authorized By Order Swd-802, Eddy County, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Dakota Resources, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on April 13, 2017. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Jordan L. Kessler
ATTORNEYS FOR DAKOTA RESOURCES, INC.

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF DAKOTA RESOURCES, INC.
TO REINSTATE THE INJECTION AUTHORIZED
BY ORDER SWD-802, EDDY COUNTY, NEW MEXICO.**

2017 MAR 14 10:00 AM
RECEIVED

Case No.: 15676

APPLICATION

Dakota Resources, Inc. ("Dakota"), by and through its undersigned attorneys, seeks an order reinstating the injection authorized by Administrative Order SWD-802. In support of this application, Dakota states:

1. Dakota Resources, Inc. (OGRID 5691) is the lessee of a federal lease underlying the NW/4 SW/4 (Unit L) of Section 7, Township 21 South, Range 28 East, in Eddy County, New Mexico.
2. In 2001, the Oil Conservation Division issued Administrative Order SWD-802, authorizing the injection of produced water into the Bell Canyon member of the Delaware formation from approximately 2,926 feet to 3,315 feet through the Trigg Federal Well No. 1 (API No. 30-015-25006) disposal well.
3. Dakota operated the Trigg Federal Well No. 1 injection well pursuant to this authority for approximately 12 years.
4. On July 15, 2016, the Division notified Dakota that Administrative Order SWD-802 had expired due to Dakota's failure to continually inject over a one-year period of time, pursuant to NMAC 19.15.26.12.C.

5. Dakota's failure to inject was due to remediation associated with a spill. See **Exhibit A**. That remediation is now complete and the well is ready to continue with the previously authorized injection operations.

6. In accordance with the Division's notification, Dakota submitted a Form C-108 for authority to reinstate permit SWD-802. Included with this application is fully completed Form C-108. **Exhibit B**.

7. The granting of this application will prevent waste and protect correlative rights.

WHEREFORE, Dakota Resources, Inc. requests that the Division set this matter for hearing before an Examiner of the Oil Conservation Division on April 13, 2017, and that after notice and hearing enter an order reinstating the injection authority authorized by SWD-802.

Respectfully submitted,

HOLLAND & HART LLP

By: 

Michael H. Feldewert
Jordan L. Kessler
Post Office Box 2208
Santa Fe, New Mexico 87504-2208
(505) 988-4421
(505) 983-6043 Facsimile
mfeldewert@hollandhart.com
jlkessler@hollandhart.com

ATTORNEYS FOR DAKOTA RESOURCES, INC.

Received 10/31/2016
 NMOCD Artesia

District I
 1625 N. Franch Dr., Hobbs, NM 88240
 District II
 811 S. First St., Artesia, NM 88210
 District III
 1000 Rio Brazos Road, Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy Minerals and Natural Resources
 Oil Conservation Division
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-141
 Revised August 8, 2011

Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

Release Notification and Corrective Action

OPERATOR Initial Report Final Report

Name of Company: Dakota Resources Inc.	Contact: Chris Morphey
Address: 4912 N Midkiff Rd. Midland, TX 79705	Telephone No. 432-697-3420
Facility Name: Trigg Federal #001	Facility Type: SWD

Surface Owner: BLM	Mineral Owner: Federal	API No. 30-015-25006
--------------------	------------------------	----------------------

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
L	7	21S	28E	1980	South	660	West	Eddy

Latitude 32.493084 Longitude -104.132318

NATURE OF RELEASE

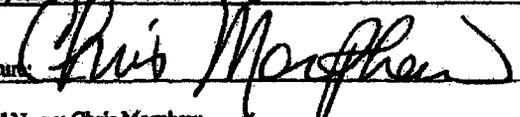
Type of Release: Mixed Fluids	Volume of Release: 40bbls	Volume Recovered: 0
Source of Release: Storage Tank	Date and Hour of Occurrence: 8/6/2013	Date and Hour of Discovery: 8/6/2013 9:00am
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? Randy Dade-NMOCD	
By Whom? LaWayne Day	Date and Hour: 8/6/2013 11:00am	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	

If a Watercourse was Impacted, Describe Fully.*

Describe Cause of Problem and Remedial Action Taken.*
 A storage tank within the bermed tank battery leaked resulting in the release of 40bbls of mixed fluids. Talon/LPE was contracted to perform soil sampling within the impacted area and draft a remediation work plan.

Describe Area Affected and Cleanup Action Taken.*
 The release impacted the bermed tank battery, breached the berms and flowed southeast across the location for approximately 60-feet. No fluid left the location. Talon/LPE conducted soil sampling and developed scope of work that was approved by BLM and NMOCD. The remediation was carried out in accordance with the approved scope of work. All of the excavated soil was hauled to an NMOCD approved solid waste disposal facility. The excavation was backfilled with caliche and contoured to match the surrounding terrain following NMOCD and BLM permission to backfill the excavation.

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Signature: 	OIL CONSERVATION DIVISION	
Printed Name: Chris Morphey	Approved by Environmental Specialist: 	
Title: President/CEO	Approval Date: 11/7/2016	Expiration Date: N/A
E-mail Address: chris@dakotares.com	Conditions of Approval: FINAL	Attached <input type="checkbox"/>
Date: 10/28/2016 Phone: 432-697-3420		

* Attach Additional Sheets If Necessary

2RP-1814

EXHIBIT

A

DATE IN	SUSPENSE	EA	LOGGED IN	TYPE	APP NO.
---------	----------	----	-----------	------	---------

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION - Check Those Which Apply for [A]**
- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD
- Check One Only for [B] or [C]
- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR
- [D] Other: Specify _____
- [2] **NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply**
- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

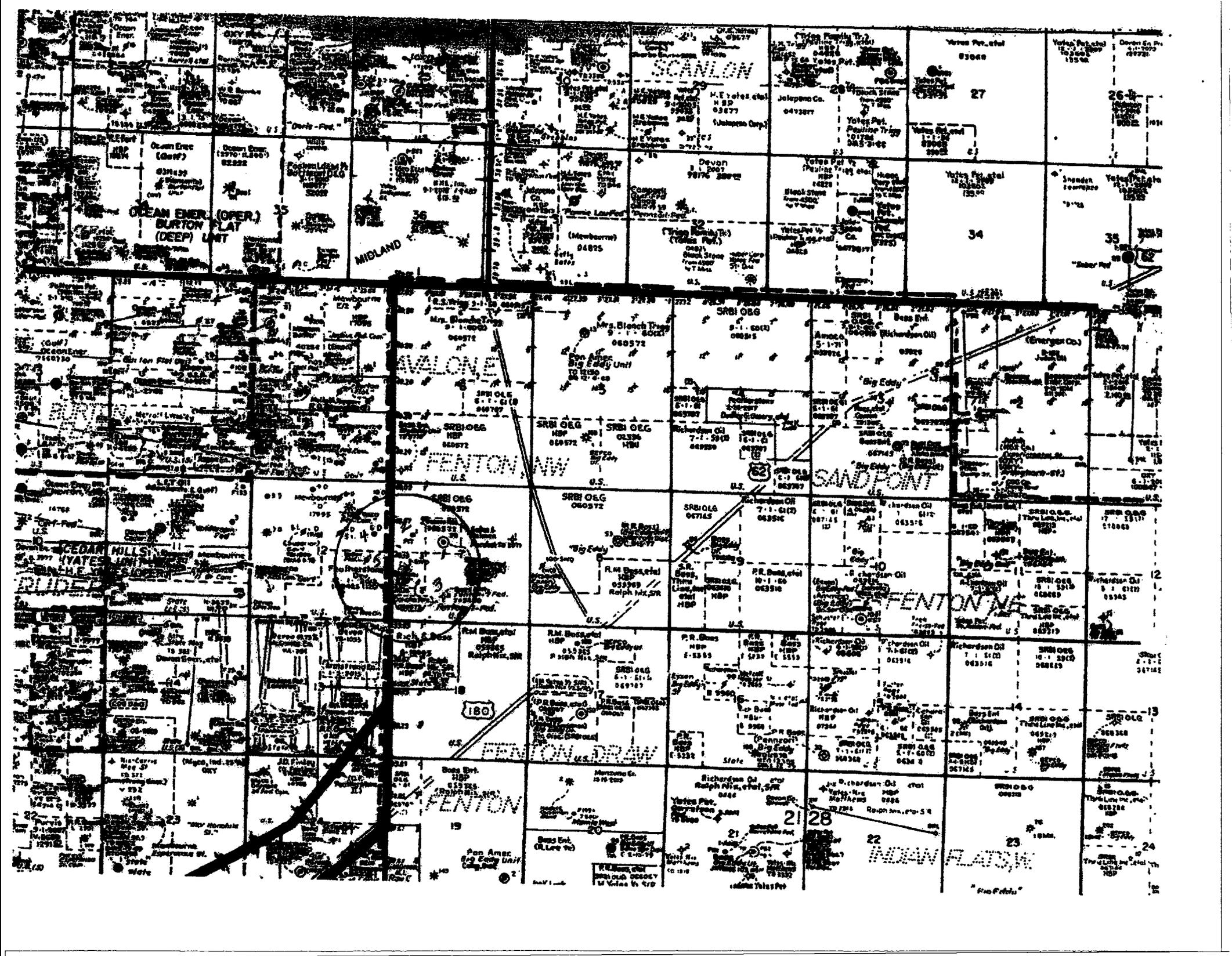
Pam Member _____ Signature *Pam Thompson* Vice President _____ Date 10/27/16
 Print or Type Name _____ Title _____

pamm@dakotares.com
 e-mail Address



APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? Yes No
- II. OPERATOR: Dakota Resources, Inc. (I)
ADDRESS: 4914 N Midkiff, Midland, TX 79705
CONTACT PARTY: Pam Morphew PHONE: 432-697-3420
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Pam Morphew Pam Morphew TITLE: Vice President
SIGNATURE: Pam Morphew DATE: 9/12/16
E-MAIL ADDRESS: pammc@dakota.res.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____



SCANLON

OCEAN EMER. (OPER.) BURTON LAT (DEEP) UNIT

MIDLAND

AVALON

FENTON NW

SANDPOINT

FENTON NE

FENTON DRAW

FENTON

INDIAN FLATS

CEDAR HILLS UNIT

Richardson Oil et al. Ralph Nix, et al. SR

INDIAN FLATS

180

62

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

20

21

22

23

24

27

34

35

26

12

13

19

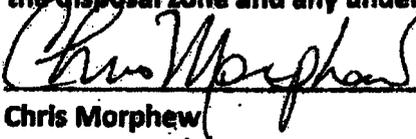
20

21

22

23

24

- | <u>Item No.</u> | <u>Response.</u> |
|------------------------|--|
| VII | <ol style="list-style-type: none"> 1. Proposed average injection rate is 1,500 BBL produced water per day with a Maximum rate of 2,000 BWPD. 2. The system is to be closed 3. Injection pressure should average 500 psig with a maximum of 1,000 psig. 4. Source of water is currently from two producing wells-Bass Fenton 7 Federal #1 and Dakota's Big Eddy Unit #98 well. 100% of the fluid will be brine Water produced from oil and gas wells. 5. The disposal zone is productive of oil and gas in the area. |
| VIII | <ol style="list-style-type: none"> 1. Delaware Formation-Bell Canyon 2. Lithology – sandstone 3. 389 feet thickness overall 4. 3,120' depth to midpoint of proposed interval (2,926' to 3,315') 5. Geologic name and depth of drinking water-Quaterarmary Alluvium-surface water. |
| IX | No stimulation program is proposed |
| X | Well logs on file. Production test information on file. |
| XI | No fresh water wells exist within 1 mile of the proposed well. |
| XII | <p>I, Chris Morphew, have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.</p> <p>
Chris Morphew</p> |
| XIII | Proof of Notice for surface owner, offset operators and proof of publication is attached. |

INJECTION WELL DATA SHEET

OPERATOR: Dakota Resources, Inc. (I)

WELL NAME & NUMBER: Federal Trigg #1

WELL LOCATION: 1980' FSL & 660' FWL
 FOOTAGE LOCATION L UNIT LETTER 7 SECTION 21S TOWNSHIP 28E RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA
Surface Casing

Trigg Federal #1 SWD
 1980' FSL & 660' FWL
 Sec. 7 - T21S - R28E
 Eddy Co. NM
 Broken NM/Dakota Field

Hole Size: 17 1/2" Casing Size: 13 3/8"
 Cemented with: 1500 sx. or _____ ft³
 Top of Cement: Surface Method Determined: Circ'd

Intermediate Casing

Hole Size: 12 1/4" Casing Size: 8 5/8"
 Cemented with: 1550 sx. or _____ ft³
 Top of Cement: Surface Method Determined: Circ'd

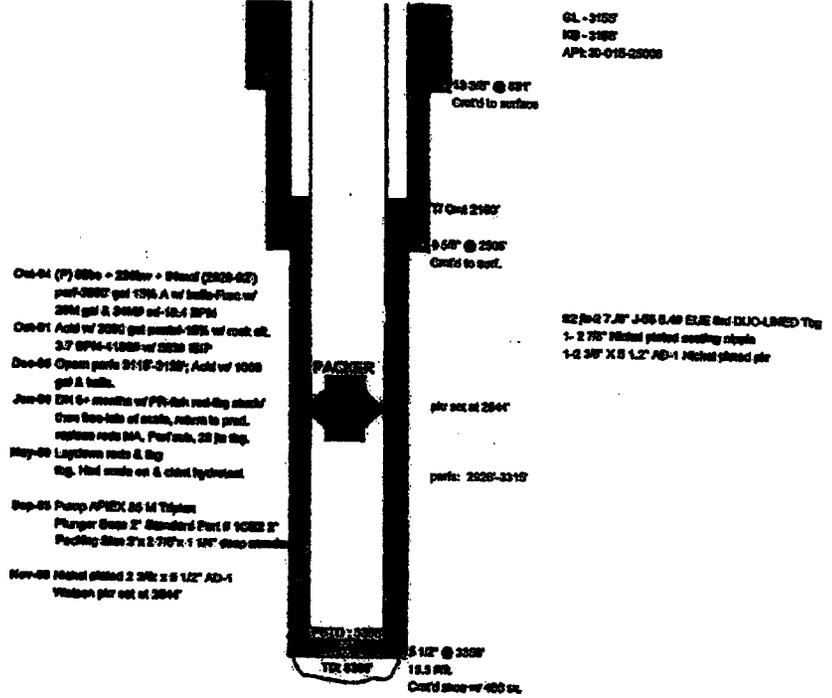
Production Casing

Hole Size: 7 7/8" Casing Size: 5 1/2"
 Cemented with: 400 sx. or _____ ft³
 Top of Cement: 2100' Method Determined: Temp Log
 Total Depth: 3366'

Injection Interval

2926 feet to 3315'

(Perforated or Open Hole; indicate which)



INJECTION WELL DATA SHEET

Tubing Size: 2 7/8" Lining Material: Due-Lined

Type of Packer: Watson AD-1 Nickel Plated

Packer Setting Depth: 2844'

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? _____ Yes No

If no, for what purpose was the well originally drilled? Production

2. Name of the Injection Formation: Delaware

3. Name of Field or Pool (if applicable): SWD Delaware 96100

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. none

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____

no overlying/underlying oil or gas zones have been found in area of review

Section VI of C-108						
Well Data in Area of Review						
Application for Authority to Inject						
Federal Trigg #1 7-21S-28E						
Eddy Co., NM-NM Fenton Delaware						
<u>Operator</u>	<u>Well Name/#</u>	<u>Status</u>	<u>Spud Date</u>	<u>Location</u> <u>Q-Q-Sec</u>	<u>Total Depth</u>	<u>Perfs</u>
Dakota Resources, Inc.	Big Eddy Unit #98	Producing	1/18/1984	SE NW 7	9050'	2942'-3160'
BOPCO LP	Fenton Federal 7 Federal #1	Producing	6/28/1994	SW NW 7	3300'	3116'-3140'
BOPCO LP	Fenton 7 Federal #3	P&A'd	2/4/1996	SE SW 7	3400'	Dry hole
Chevron USA	Government D #6	Producing	9/27/1985	SE NE 12	5735'	3114'-3136'
J.M. Huber	Federal 12 #1	P&A'd	6/3/1985	NW SW 12	3211'	2590'-2592'-Plugged 12/22/87

Bass - Fenton 7 Federal 3 -

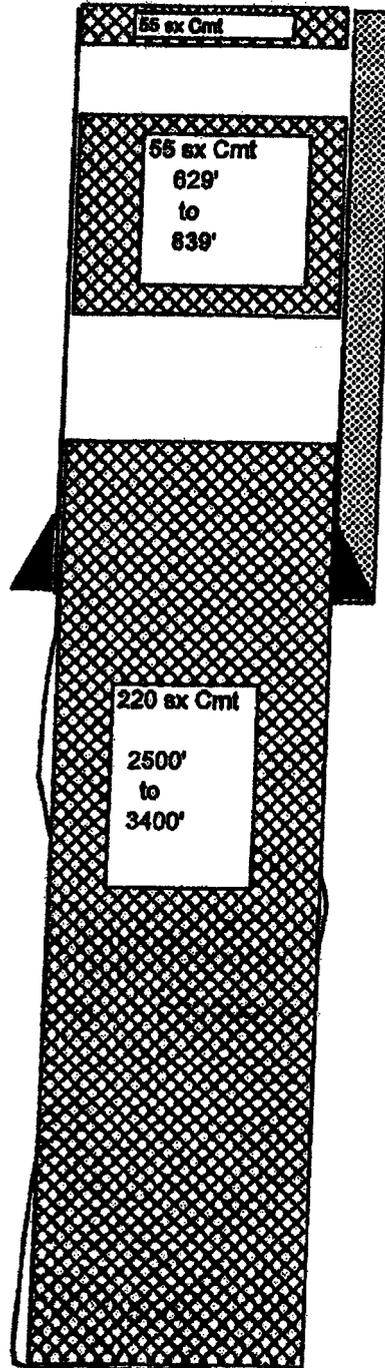
990' FSL & 2280' FWL (N)

Sec 7, T-21-S, R-28-E

Eddy Co., NM

NW Fenton Field

Surface
to 200'



Elev - KB

GL

KB-to-GL

API NO. 30-015-28713

2793' - 8 5/8" Cmt w. 615 ex - circ'd

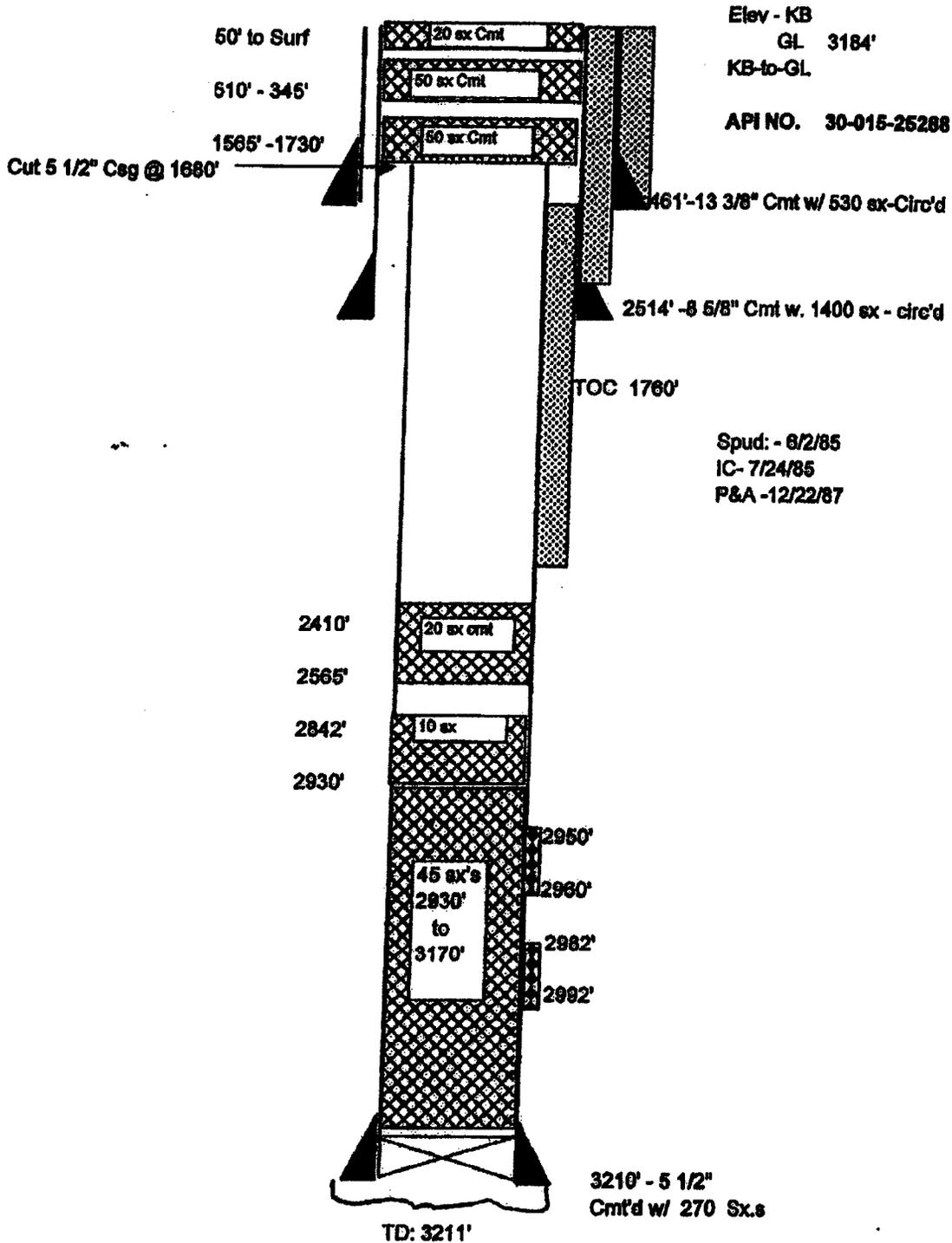
Spud: - 2/1/96

P&A - 2/5/96

TD: 3400'

JM Huber-Federal 12 # 1

2310' FSL & 990' FEL
Sec 12, T-21-S, R-27-E
Eddy Co., NM
NW Fenton Field



CERTIFIED STATEMENT

**Federal Trigg #1 Lease
OFFSET PRODUCER LIST**

**BOPCO, L.P.
P.O. Box 2760
Midland, TX 79702**

**Chevron USA Inc.
Attn: Permitting Team
6301 Deauville Blvd.
Midland, TX 79706**

SURFACE OWNER

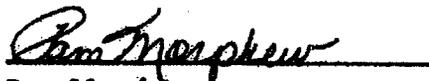
**Bureau of Land Management
620 E. Greene Street
Carlsbad, NM 88220**

NEWSPAPER

**Current-Argus
P.O. Box 1629
Carlsbad, NM 88220**

A letter and a copy of form C-108 were mailed today, 9/23/2016, to the above named offset operators and landowner. The newspaper notification was printed on 9/21/16. I certify this to be true and correct.

Dakota Resources, Inc. (I)



**Pam Morphew
Vice President
432-697-3420**

SEP 06 2016

Affidavit of Publication

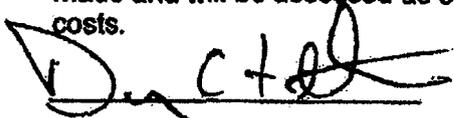
State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

That he is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

September 2 2016

That the cost of publication is \$68.15
and that payment thereof has been
made and will be assessed as court
costs.

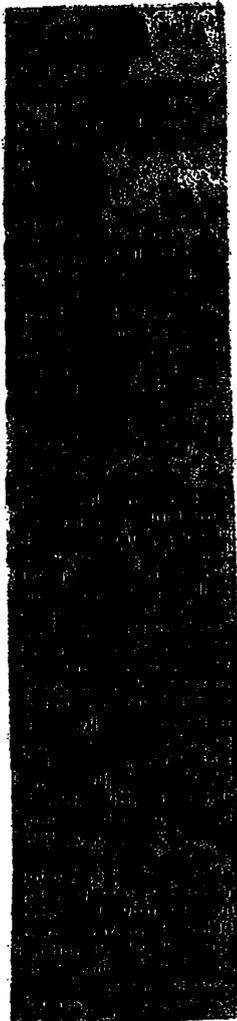
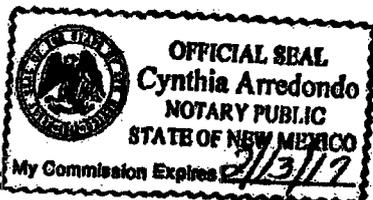


Subscribed and sworn to before me
this 2 day of September,
2016



My commission Expires
2/13/17

Notary Public



SENDER COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron USA Inc.
 Permitting Team
 6301 Deauville Blvd
 Midland, TX 79706

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *C. Lawrence* C. Date of Delivery *11-20-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bureau of Land Mgmt
 620 E. Greene Street
 Carlsbad, NM 88220

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *T. Woods* C. Date of Delivery *9/26/16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BOPCO, L.P.
 P.O. Box 2760
 Midland, TX 79702

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Robert Foree* Agent Addressee

B. Received by (Printed Name) *R. Foree* C. Date of Delivery *10-5-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Public Notice

NOTICE OF APPLICATION FOR FLUID INJECTION WELL PERMIT

Dakota Resources, Inc. (I), 4914 N. Midkiff, Midland, TX 79705 is applying to the Oil Conservation Division, New Mexico for a permit to inject fluid into a formation which is productive of oil and gas. The contact person is Chris Morphew at 432-697-3420 or the above address.

The applicant proposes to inject fluid into the Delaware formation in the Federal Trigg #1. The proposed injection well is located 1980' FSL & 660' FWL, (Unit letter L) Sec. 7, T-21-S, R-28-E, Eddy County, New Mexico, NW Fenton Delaware Field. Injection will be through perforations 2926' to 3315'. The maximum rate will be 2000 BWPD with a maximum pressure of 1000 psi.

Interested parties must file objections or requests with the Oil Conservation Division within 15 , 1220 South St. Francis Drive, Santa Fe, New Mexico 87505.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No 1004-0137
Expires July 31, 2010



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.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1 Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Salt Water Disposal		5. Lease Serial No NMLC00672A
2. Name of Operator Dakota Resources, Inc. (I)		6 If Indian, Allottee or Tribe Name
3a. Address 4914 N. Midway Midland, TX 79705	3b. Phone No. (include area code) 432-697-3420	7 If Unit of CA/Agreement, Name and/or No DEC 18 2008
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1900 Pct 4 10th P. 1st Section 7 T-21-S, R-30-E, T-10-N		8 Well Name and No Togg Federal #1 9. API Well No 30-915-25006 OCD-ARTESIA
		10. Field and Pool or Exploratory Area Fenton Downware ME
		11. County or Parish, State Eddy 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<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
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other repair (b) leak

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 recomplete 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 recompletion 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.

Repair tubing part at packer.

11/17/08

MIRU Mesa Rig #218. ND WH, NU BOP. POOH w/ 82 lbs. 2 7/8" DUO-Line tbg and 2 7/8" X 2 3/8" Swadge, w/ 2 3/8" Collar. RU Hydrostatic testers, PU Nickel plated 5 1/2" AD-1 Watson Packer, 2 7/8" SN (plated) and test tbg in hole to 2500 PSI below slips. ND BOP. Strip off WH, replace 5 1/2" collar, install WH, packoff WH. RU I & W. Circulate 85 BBL packer fluid. ND WH. Set packer w/ 15K tension. NU WH. Test Packer and Casing to 500 PSI. Hold 15 Min. Well tests good. RU Kodiak. Release pressure on lb to truck. Remove 2 7/8" sub, install orbit valve. NU WH. Lease well ready for injection. RDPU.

Rig released 11/18/08

MIT test performed on 12/02/2008. Pressure up to 400#, held for 30 min. Test witnessed by Richard Ingo of the OCD.

ACCEPTED FOR RECORD

CHART ON FILE

DEC 17 2008

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Rodney Long	Title Foreman	Gerry Gage, Deputy Field Inspector NMOCD-District II ARTESIA
Signature <i>Rodney Long</i>	Date 12/04/2008	ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date DEC 14 2008
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)

Additional Notifications for Trigg SWD, Eddy County, New Mexico

**Devon Energy Production Company LP
333 West Sheridan Avenue
Oklahoma City, OK 73102-5015**

**SRBI Oil & Gas
201 Main Street, #2700
Ft. Worth, TX 76102-3131**

**Featherstone Development Corp.
601 N. Marienfeld Street, #202
Midland, TX 79701**

**Mewbourne Oil Co.
P.O. Box 5270
Hobbs, NM 88241**

**APP – Dakota Resources, Inc.
Re-Instate Injection Order
No. SWD-802 (Trigg
FedWell#1) – Notice List**

**BOPCO, L.P.
P.O. Box 2760
Midland, TX 79702**

**Chevron USA Inc.
Attn: Permitting Team
6301 Deauville Blvd.
Midland, TX 79706**

**Bureau of Land Management
620 E. Greene Street
Carlsbad, NM 88220**

**Devon Energy Prod. Co. LP
333 West Sheridan Avenue
Oklahoma City, OK 73102-5015**

**SRBI Oil & Gas
201 Main Street, #2700
Ft. Worth, TX 76102-3131**

**Featherstone Development Corp.
601 N. Marienfeld Street, #202
Midland, TX 79701**

**Mewbourne Oil Co.
P.O. Box 5270
Hobbs, NM 88241**

7016 1370 0000 0804 1480

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **JLK/Dakota/SWD-802**
OFFICE (Trigg FedWell#1)

Certified Mail Fee \$ 3.65

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.10

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Post \$ _____

Sent To **Mewbourne Oil Co.**

Street and **P.O. Box 5270**

City, State, **Hobbs, NM 88241**

Postmark Here **MAR 2 2017 DE VARGO**

PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions

COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:

Mewbourne Oil Co.
P.O. Box 5270
Hobbs, NM 88241

5. Article Number (Transfer from service label)
9590 9402 1834 6104 2749 90

7016 1370 0000 0804 1480

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Jackie Latha

B. Received by (Printed Name) **Jackie Latha**

C. Date of Delivery **3-27-17**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

7016 1370 0000 0804 1497

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **JLK/Dakota/SWD-802**
OFFICE (Trigg FedWell#1)

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.45

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Sent To **Featherstone Development**

Street and **601 N. Marienfeld Street, #202**

City, State, **Midland, TX 79701**

Postmark Here **MAR 2 2017 DE VARGO**

PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions

COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:

Featherstone Development Corp.
601 N. Marienfeld Street, #202
Midland, TX 79701

5. Article Number (Transfer from service label)
9590 9402 1832 6104 5957 83

7016 1370 0000 0804 1497

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

BC REID

B. Received by (Printed Name) **BC REID**

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

0503 1503 0804 0000 0370 1370 7016

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **JLK/Dakota/SWD-802 (Trigg FedWell#1)**

OFFICIAL

Certified Mail Fee \$ 3.85

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

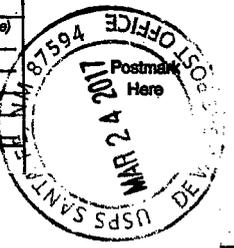
Sent To

Street and

City, State

SRBI Oil & Gas
 201 Main Street, #2700
 Ft. Worth, TX 76102-3131

PS Form 3800, April 2015 PSN 7530-02-000-9053



COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SRBI Oil & Gas
 201 Main Street, #2700
 Ft. Worth, TX 76102-3131

9590 9402 1832 6104 5957 76

2. Article Number (Transfer from service label)
 7016 1370 0000 0804 1503

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x M'Lyn Swinney Agent Addressee

B. Received by (Printed Name)
 M'Lyn Swinney

C. Date of Delivery
 MAR 2 2017

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

0503 1510 0804 0000 0370 1370 7016

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **JLK/Dakota/SWD-802 (Trigg FedWell#1)**

OFFICIAL

Certified Mail Fee \$ 3.85

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.90

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To

Street and

City, State

Devon Energy Prod. Co. LP
 333 West Sheridan Avenue
 Oklahoma City, OK 73102-5015

PS Form 3800, April 2015 PSN 7530-02-000-9053



COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Devon Energy Prod. Co. LP
 333 West Sheridan Avenue
 Oklahoma City, OK 73102-5015

9590 9402 1832 6104 5957 69

2. Article Number (Transfer from service label)
 7016 1370 0000 0804 1510

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 David Carillo Agent Addressee

B. Received by (Printed Name)
 David Carillo

C. Date of Delivery
 MAR 27 2017

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

7016 1370 0000 0804 1527

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information

JLK/Dakota/SWD-802
(Trigg FedWell#1)

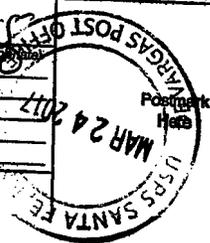
OFFFI

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.40
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Bureau of Land Management
620 E. Greene Street
Carlsbad, NM 88220



SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bureau of Land Management
620 E. Greene Street
Carlsbad, NM 88220

9590 9402 1832 6104 5957 52

2. Article Number (Transfer from service label)

7016 1370 0000 0804 1527

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery
3/27/15

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7016 1370 0000 0804 1534

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information

JLK/Dakota/SWD-802
(Trigg FedWell#1)

OFFFI

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.40
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Chevron USA Inc.
Attn: Permitting Team
6301 Deauville Blvd.
Midland, TX 79706



SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron USA Inc.
Attn: Permitting Team
6301 Deauville Blvd.
Midland, TX 79706

9590 9402 1834 6104 2735 42

2. Article Number (Transfer from service label)

7016 1370 0000 0804 1534

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Elvin Boatz

B. Received by (Printed Name)

Elvin Boatz

C. Date of Delivery
3-27-15

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7016 0750 0000 3268 0414

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Domestic Mail Only

For delivery information, visit **JLK/Dakota/SWD-802**
OFFICE (Trigg FedWell#1)

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total \$
 Sent \$
 Street \$
 City \$

BOPCO, L.P.
P.O. Box 2760
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-0000



COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BOPCO, L.P.
P.O. Box 2760
Midland, TX 79702

2. (refer from service label)
9590 9402 1832 6104 5957 45
7016 0750 0000 3268 0414

PS Form 3811, July 2015 PSN 7530-02-000-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed

B. Received by (Printed Name) **Jimmy Whitehead** C. Date of Delivery **4/6/17**

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail™
 Insured Mail Restricted Delivery

Domestic Return Receipt