

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

015F

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 reverse side

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Dakota Resources, Inc.

3a. Address
911 N. Midkiff, Midland, TX 79701

3b. Phone No. (include area code)
915/697-3420

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 660' FWL
Sec. 7, T-21-S, R-28-E

5. Lease Serial No.
NMLCO 60572 A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
Trigg Federal # 1

9. API Well No.
30-015-25006

10. Field and Pool, or Exploratory Area
NW Fenton Delaware

11. County or Parish, State
Eddy C, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input 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 checked="" 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Propose to convert from shut-in production to commercial disposal in the Delaware zone as shown on NM-OCD form C-108.

No additional pipelines or dirt work on location or roads is needed.

Plat of location with equipment layout is attached.

SUBJECT TO
LIKE APPROVAL
BY STATE

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

Title

Alan Roberts

Supt.

Signature

Date

3-20-01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) DAVID R. GLASS

Title

PETROLEUM ENGINEER

Date

MAR 28 2001

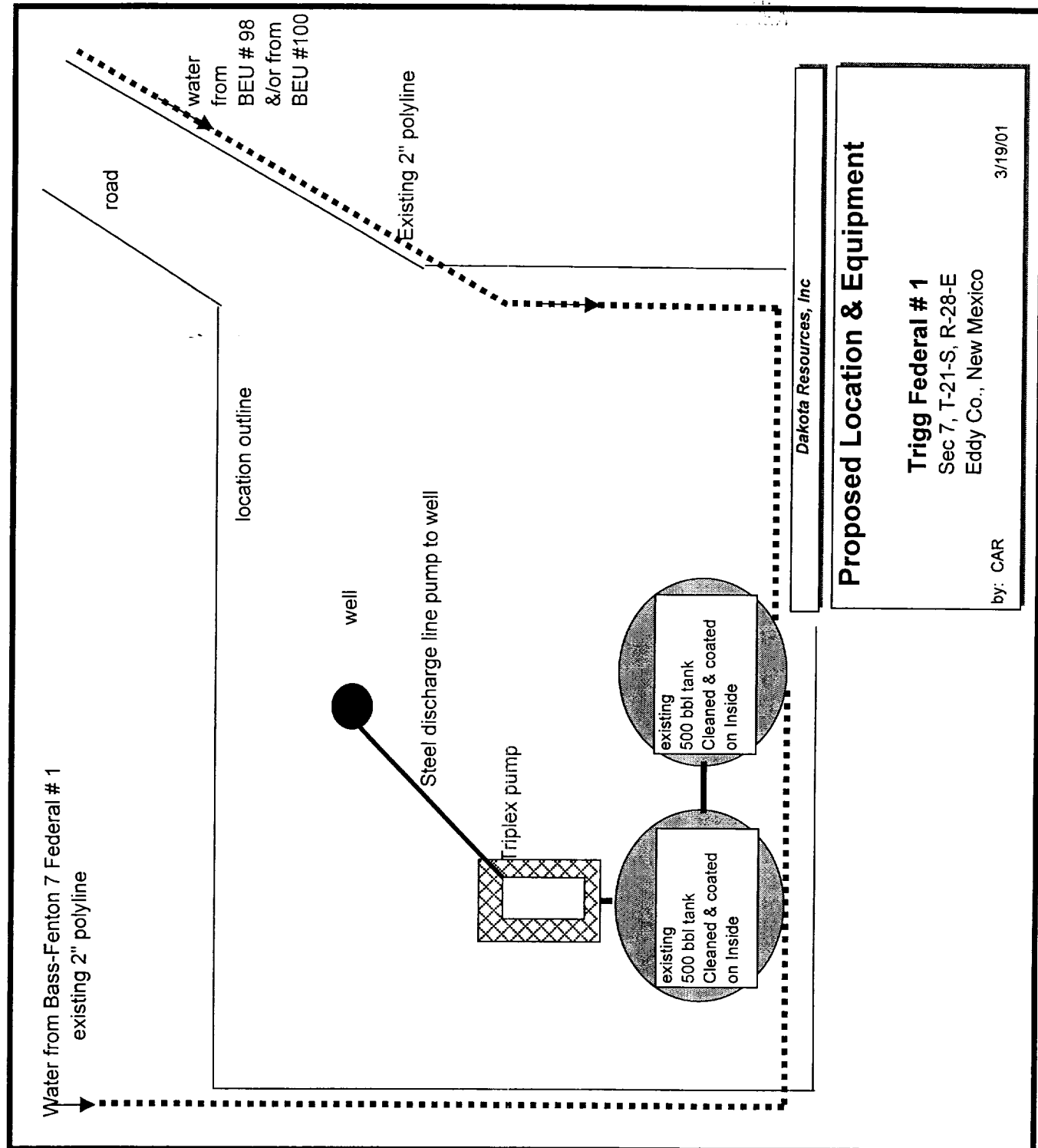
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, makes 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 reverse)

2011-01-20 13:35



APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No

II. OPERATOR: Dakota Resources, Inc.

ADDRESS: 911 N. Midkiff, Midland, Texas 79701

CONTACT PARTY: Alan Roberts

PHONE: 915/697-3420

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 X 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: Alan Roberts

TITLE: Supt.

SIGNATURE: Alan Roberts

DATE: 3-21-01

* 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: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

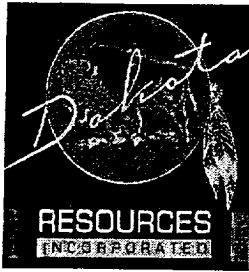
All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.



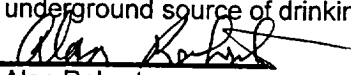
Dakota Resources, Inc.

911 N. Midkiff,

Midland, TX 79701

915/697-3420

Re: Answers to NM OCD form C-108

- | Item | Answer |
|------|--|
| V | Map attached showing all wells w/ in 2 miles and the 1/2 mile radius circle for the "Area of Review". |
| VI | see attached table - Tabulation of well data
see attached schematics on two P&A'd wells within the "Area of Review" |
| VII | <ol style="list-style-type: none">1. Proposed average injection rate is 1500 bbls 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 1000 psig.4. Source of water is from two producing wells - Bass Fenton 7 Federal # 1 and Dakota's Big Eddy Unit # 98 well along with other produced water that will be trucked into the Big Eddy Unit # 100 (Whistle Stop Disposal Facility). 100 % of the fluid will be brine water produced from oil and gas wells. <p>See attached water analysis.</p> <ol style="list-style-type: none">5. The disposal zone is productive of oil and gas in the area. |
| VIII | <p>Geologic Data</p> <ol style="list-style-type: none">1. Delaware Formation - Bell Canyon2. Lithology - sandstone3. 389 feet thickness overall4. 3,120' depth to midpoint of proposed interval (2,926' to 3,315')5. Geologic name and depth of drinking water - Quaternary 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, Alan Roberts 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>
Alan Roberts</p> |
| XIII | Proof of Notice for surface owner, offset operators and proof of publication is attached. |

INJECTION WELL DATA SHEET

OPERATOR: Dakota Resources, Inc.

WELL NAME & NUMBER: Federal Trigg # 1

WELL LOCATION: 1980' FSL & 660' FWL
FOOTAGE LOCATION

L 7
UNIT LETTER SECTION TOWNSHIP RANGE

WELLSBORE SCHEMATIC

WELL CONSTRUCTION DATA
Surface Casing

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

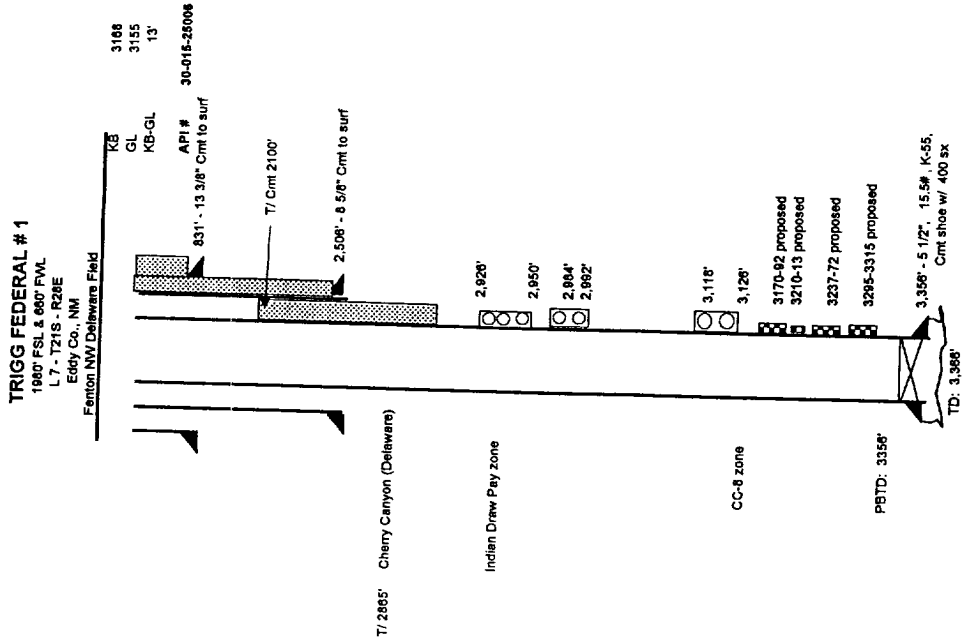
Hole Size: 12 1/4" Casing Size: 8 5/8"
Cemented with: 1550 sx. or ft
Top of Cement: Surface Method Determined: Circ'd
Production Casing

Hole Size: 7 7/8" Casing Size: 5 1/2"
Cemented with: 400 sx. or ft
Top of Cement: 2100' Method Determined: Temp. Log
Total Depth: 2,926' 3,366'

Injection Interval

2,926' 3,315' Perfs.
feet to

(Perforated or Open Hole; indicate which)



INJECTION WELL DATA SHEET

Tubing Size: 2 7/8" Lining Material: Rice-Duoline

Type of Packer: AD-1 plastic coated

Packer Setting Depth: +/- 2,876'

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

Additional Data

1. Is this a new well drilled for injection? _____ Yes X 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): N.W. Fenton Delaware
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 oil or gas zones have been found in area of review
No underlying oil or gas zones have been found in area of review