

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. NAME OF OPERATOR Dakota Resources, Inc.	3. ADDRESS OF OPERATOR 1700 Lincoln St., Suite 3413, Denver, CO 80203	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL	14. PERMIT NO. API #30-031-20727	15. ELEVATIONS (Show whether OF, AT, or NEW) 6988' G.L.
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5. LEASE DESIGNATION AND SERIAL NO. NM-15843-A	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Jeffery Federal 30	9. WELL NO. 41	10. FIELD AND POOL, OR WILDCAT Undesignated Dakota	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 30-T17N-R9W N.M.P.M.	12. COUNTY OR PARISH McKinley	13. STATE N.M.
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DEPARTMENT OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Additional Operations <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

No additional operations are proposed at this time. The gas productive interval (Dakota) still remains shut-in due to the absence of a gas gathering line in the area of the well.

*Approval for temporary
abandonment extended
until May 21, 1984*

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CHECKED BY

1983

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Vice President

DATE November 3, 1983

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AS AMENDED

NOV 16 1983

M. MILLENBACH

AREA MANAGER

*See Instructions on Reverse Side