

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 11 - 15 - 82	Date Compl. Ready to Prod. 1 - 15 - 83	Total Depth		2483		P.B.T.D.		2450	
Elevations (DF, RKB, RT, GR, etc.) 7025 G L	Name of Producing Formation DAKOTA	Top Oil/Gas Pay		2340		Tubing Depth		2483	
Perforations 2340 - 44						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		160		105				
7 7/8	5 1/2		2483		410				
	2 3/8		2342						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D A O F 1055	Length of Test 3 Hours	Bbls. Condensate/MCF 0	Gravity of Condensate
Testing Method (BUCOL, back pr.) FLOWING	Tubing Pressure (Shut-In) 780	Casing Pressure (Shut-In) 184	Choke Size 3/4

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 22 1985
OIL CONSERV. DIV.
DIST. 3

Operator
DAKOTA RESOURCES, INC.
Address
1700 Lincoln Street, Suite 3413, Denver, Colorado 80203

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☒ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
SANTA RE PACIFIC 28
Well No.
3
Pool Name, including Formation
UNDESIGNATED - DAKOTA
Kind of Lease
State, Federal or Fee FEE
Lease No.
Location
Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST
Line of Section 28 Township 17 N Range 9 W NMPM, Mc Kinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
N A
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
DAKOTA RESOURCES, INC.
Address (Give address to which approved copy of this form is to be sent)
1700 Lincoln St., Ste 3413, Denver, Colorado 80203
If well produces oil or liquids, give location of tanks.
Unit Sec. Twp. Rge.
Is gas actually connected? YES when MAY 23, 1984

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)
OPERATIONS MANAGER
(Title)
3 - 13 - 85
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 22 1985
BY 
TITLE SUPERVISOR DISTRICT # 3
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.