Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
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

RECEIVED
OCT 27 2011
HOBBSOCD

Form C-103
Revised August 1, 2011

| | |
|---|---|
| WELL API NO. | 30-025-29440 |
| 5. Indicate Type of Lease | STATE ☑ FEE ☐ |
| 6. State Oil & Gas Lease No. | V-1355 |
| 7. Lease Name or Unit Agreement Name | New Mexico EK State |
| 8. Well Number | #2 (Midway SWD) |
| 9. OGRID Number | 5691 |
| 10. Pool name or Wildcat | Shipp-Strawn |

**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" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: Oil Well ☐ Gas Well ☑ Other Injection
2. Name of Operator: Dakota Resources, Inc.
3. Address of Operator: 4914 N. Midkiff, Midland, TX 79705
4. Well Location
   Unit Letter B : 330' feet from the N line and 1980' feet from the East line
   Section 9 Township 17S Range 37E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3730'-GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| PERFORM REMEDIAL WORK ☐ | PLUG AND ABANDON ☐ | REMEDIAL WORK ☐ | ALTERING CASING ☐ |
| TEMPORARILY ABANDON ☐ | CHANGE PLANS ☐ | COMMENCE DRILLING OPNS. ☐ | P AND A ☐ |
| PULL OR ALTER CASING ☐ | MULTIPLE COMPL ☐ | CASING/CEMENT JOB ☐ | |
| DOWNHOLE COMMINGLE ☐ | | | |
| OTHER: Witnessed MIT test ☒ | | OTHER: ☐ | |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Move in pump truck and perform an OCD witnessed MIT to appropriate pressure.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] TITLE Ops. Engineer DATE 10/26/2011

Type or print name Blake Morphew E-mail address: blakem@dakotares.com PHONE: (432)697-3420

**For State Use Only**

APPROVED BY: [signature] TITLE Staff Mgr DATE 10-26-2011
Conditions of Approval (if any):

OCT 27 2011