Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410	DEOLIEC	T		OMAG	11 C A A I C	ALITHODI	7471011					
I.						AUTHORI						
Operator Notat Rose	Dakota Resources Inc (T)						Well AP			No.		
Address				(<u>L</u>)	· / /							
310 W. Val Reason(s) for Filing (Check proper box)	1 Suit	· e 8	314	1	11d/a	ner (Please expla	7× 7	9701				
New Well		nge in Tra				ner (Please explo	ıın)					
Recompletion	Oil	Dr										
Change in Operator I change of operator give name	Casinghead Gas	<u>⊠</u> C₀	ondens	ate	 .							
and address of previous operator												
II. DESCRIPTION OF WELL Lease Name (1) (1)		No. Po	ol Nar	me. Includir	ng Formation		Kind	of Lease	L	ease No.		
New Mexico BW S	tate 4			aver		in And		Federal or Fe		1089		
Location Unit Letter	. 460	_662	L Em	m Tha S	5171. 1:n	e and <u>198</u>	199	7	Ent	Lina		
1.1	00								<u></u>			
Section / 6 Townshi	P 8 3	<u>Ra</u>	nge_		RE,N	MPM, (Mave	٠		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		F OIL		NATUI		ve address to w	high approved	copy of this f	orm is to be s			
Sculock Pern		you	, [6		Addicas (O)	VE DUMB ESS TO WY	uch approved	copy of mis j				
Name of Authorized Transporter of Casinghead Gas Br Dry Gas Wallen Petroleum Co-					Address (Give address to which approved copy of this form is to be sent) Bex 1589 Tulser, OK 74102							
If well produces oil or liquids,	Unit Sec.	Tv	 vp.	Rge.		1589 ly connected?	When	2				
give location of tanks.	<u>i</u>	i_	<u>. </u>	İ	7	es	i	11/26	/9/			
If this production is commingled with that IV. COMPLETION DATA	from any other lea	se or poo	ol, give	commingl.	ing order num	iper:						
Designate Type of Completion	- (X)	Well	G:	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Re	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
Perforations							Depth Casir	Depth Casing Shoe				
	TID	INC. C	A CIN	IC AND	CEMENT	NC DECOR	D.	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUE OIL WELL (Test must be after :				il and must	he equal to o	r exceed top all	owable for th	is depth or be	for full 24 hos	urs)		
Date First New Oil Run To Tank	Date of Test			1 11/12 //12/5		lethod (Flow, p.						
Length of Test	Tuling Dage				Casing Pressure			Choke Size				
Lengui of Tex	Tubing Pressure			Casing Pressure			77-1765					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC				CE		OIL COI	NSERV	'ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
is true and complete to the best of my	mnowledge and be	mer.			∥ Dat	e Approve	ed		, -			
S.E. Wht					ll Du	ع يخاندا العال		g* **	ON			
Signature Fuck + Fuck					By Mighor the Con							
Printed Name		T	itie	1501	Title	e						
Date / 2/ 3/	71	76 of Teleph	one N	lo.								

The state of the s INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

The Company of the Designation of the Company of th

2) All sections of this form must be filled out for allowable on new and recompleted wells.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

MB. OF COPIES RECEIVED	1	
DISTRIBUTION	1	
BANTAPE		
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U.\$.0.\$.		
LAND OFFICE		
DERATOR	1	

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 Revised 10-1-78

SANTA FE, NEV	V MEXICO 87501
U.8.0.8.	5a. Indicate Type of Lease
LAND OFFICE	State X Fee
OPERATOR	5, State Oil 6 Gas Lease No.
	E-9089
STINDRY NOTICES AND BEDORTS OF	
SUNDRY NOTICES AND REPORTS ON USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG	DACE TO A DIFFERENT RESERVOIR.
1.	7. Unit Agreement Name
OIL CAB CAB CTHER.	·
2. Name of Operator	8. Form or Lease Name
Dakota Resources, Inc. (I)	
J. Address of Operator	New Mexico State "BW"
3,0 10/ 10/01/ (+, 4,5 11/11 / >	
310 W. Wall Ste 415 Midland, Tx	10, Field and Pool, or Wilden
· · ·	· · · · · · · · · · · · · · · · · · ·
UNIT LETTER O, 662 PEET PROM THE SOUTE	1 LINE AND 1997 PEET FROM Chaveroo San Andres
THE East LINE, SECTION 16 TOWNSHIP 8-	S MANGE 33-E HMPM (1)11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
15. Elevation (Show whether	
11111111111111111111111111111111111111	4380'GR Chaves
Check Appropriate Box To Indicate 1	Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:	subsequent report of:
NOTICE OF INTENTION TO.	SOBSEQUENT REPORT OF.
PERFORM REMEDIAL WORK PLUG AND ABANDON	
	REMEDIAL WORK
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.
PULL OR ALTER CABING CHANGE PLANS	CASING TEST AND CEMENT JOB
	OTHER
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent de	tails, and give pertinent dates, including estimated date of starting any proposed
work) SEE RULE 1103.	
Well data: 10 3/4" @ 395' w	1/375 sx cmt. circulated
178 @ 3586 u	1500 sx TOC 2100'
11/2" 0 113111	w/200 SK TOC 3600'
7/2 @ 4369	7,200 2. 7 02 3 01 1
Perforations: 4	247-4309' OA W/32 shots
Proposed Operations:	
•	
1) Set 4/2" CIBP @ 4150' a	cap w/35' cm+.
2) cut off a pull 41/2" csq @ =	
·	·
3) spot 355x contiplug from 3	150-3530
4) woc 24 hrs	
	500 24
5) Pressure test 75%" csq. to	
6) circ. hole w/2% KCl wtr.	containing 1.5% by volume corrosion inhibitor
	ANT CONTROL OF THE CAME AND
	THE OFFICE OFFICE OFFICE NOTHERD RAINDING WILDRING GOWNEROUS WORK
18. I hereby certify that the information above is true and complete to the best	
18. I hereby certify that the information above is true and complete to the best	or my showreage who better.