

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, N.M.

Operator

DAKOTA Resources, Inc (I) ✓

Well API No.

Address

P.O. Box 10033 MIDLAND TEXAS 79702

Reason(s) for Filing (Check proper box)

☐ Other (Please explain)

Oil Well

☐ Change in Transporter of:

☐ Completion

☒ Dry Gas

☐ Change in Operator

☒ Casinghead Gas

☐ Condensate

Effective 8-1-89

Change of operator give name

address of previous operator

Enyon Corporation

DESCRIPTION OF WELL AND LEASE

Well Name

Well No.

Pool Name, including Formation

Kind of Lease
State, Federal or Fee

Lease No.

Big EDDY FEDERAL

103

FENTON BONE SPRINGS, NORTHEAST

State, Federal or Fee

063516

Location

Unit Letter

Feet From The

Line and

Feet From The

Line

Section

Township

Range

NMMP

County

N

660

SOUTH

1980

WEST

10

21-S

28-E

Edm

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Enyon Oil Trading + Transp.

Effective 1-1-89

Box 20108, Shreveport LA 71120

Name of Authorized Transporter of Casinghead Gas

Address (Give address to which approved copy of this form is to be sent)

NA

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

N

10

21-S

28-E

No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Resv

Diff Resv

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top O.L.G.S. Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(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 Tank

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

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 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 above is true and complete to the best of my knowledge and belief.

Signature

Printed Name

Date

Title

Telephone No.

Chris M. McPherson

Chris M. McPherson

9-5-89

915-687-2524

President

OIL CONSERVATION DIVISION

SEP 1 8 1989

Date Approved

By

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

3rd

SS Smith

mid

Ronde