

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

Form 1-103  
Revised 1-1-79

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

State	<input type="checkbox"/>	Pay <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.		

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 2-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Agreement No.
2. Name of Operator Dakota Resources Inc (I)	8. Form of Lease No. DRAG 2
3. Address of Operator 310 WEST WALL ST #814 MIDLAND 79701	9. App. No. #2
4. Location of Well UNIT LETTER O 1980 FEET FROM THE EAST LINE AND 990 FEET FROM THE SOUTH LINE, SECTION 19 TOWNSHIP 23-S RANGE 27-E 4M.P.M.	10. Field and Front or Sidetrack UND. DELAGUARE
15. Elevat or (Show whether DF, RT, GR, etc.) KB 3210	12. County GDDG

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS <input type="checkbox"/>	RESTART ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Recomplete to DELAGUARE	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Commence 12-4-92  
KILL BONE SPRING WITH 27% KCL WATER. POH WITH TUBING + PACKER  
SET CIBP AT 5370' AND CAP WITH 35' CEMENT Plug BONE SPRINGS  
PEEP Brushy Canyon AT 3825 to 3840 WITH 2 SPE.  
BALL OUT PEEPS WITH 1000 GALS 7 1/2 NEFE ACID  
SWAB TEST  
FRAC PEEPS WITH 11,000 GALS GELLED WATER AND  
21,800 # 16/30 SAND AT 6-12 BPM  
PLACE ON PRODUCTION AS DUC WELLS

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

SIGNED Bert Studdert TITLE AGENT DATE 12-5-92

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

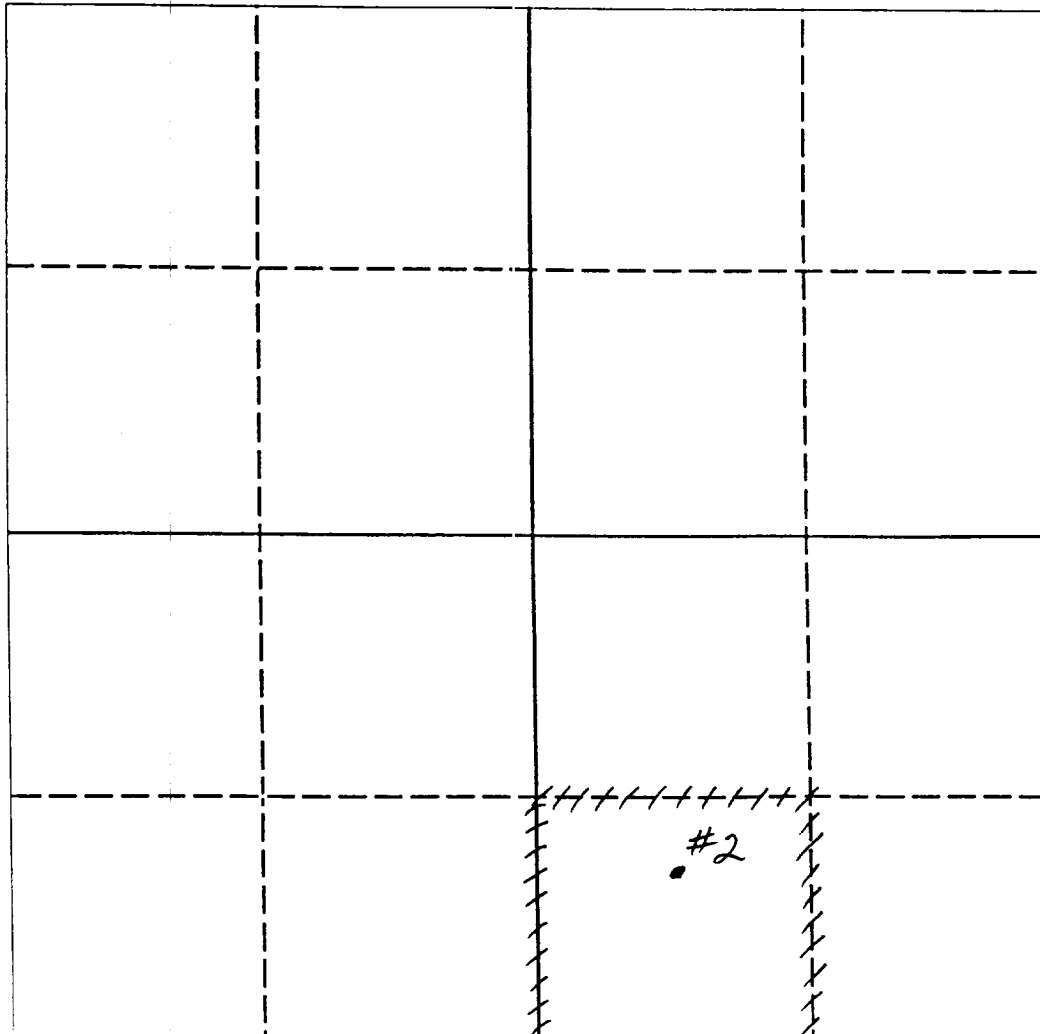
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <b>DAKOTA RESOURCES INC (I)</b>		Lease <b>DRAG C</b>		Well No. <b>2</b>
Unit Letter <b>O</b>	Section <b>19</b>	Township <b>23-S</b>	Range <b>27-E</b> NMPM	County <b>EDDY</b>
Actual Footage Location of Well: <b>1980</b> feet from the <b>EAST</b> line and <b>990</b> feet from the <b>SOUTH</b> line				
Ground level Elev. <b>3198</b>	Producing Formation <b>BAWTHY CANYON</b> Pool <b>UND. DELAWARE</b>		Dedicated Acreage: <b>40</b> Acres	
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary. _____)</p> <p>No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p>				



OPERATOR CERTIFICATION

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

Signature  
**BOB BLUNDELL**  
Printed Name  
**AGENT**  
Position  
**DAKOTA RESOURCES**  
Company  
**12-2-92**  
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
Signature & Seal of Professional Surveyor

Certificate No.