Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources De[illegible]nent

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

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LH-2392

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.)

7. Lease Name or Unit Agreement Name: NEW MEXICO STATE DU

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER S.W.D.

2. Name of Operator: DAKOTA RESOURCES INC (1)

8. Well No. #1

3. Address of Operator: 310 W. WALL, Ste 814 MIDLAND 79701

9. Pool name or Wildcat: HERRADURA (DELAWARE)

4. Well Location
Unit Letter F : 1623 1973 Feet From The NORTH Line and 1809 1980 Feet From The WEST Line

Section 36 Township 22S Range 27E NMPM EDDY County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)

11. 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.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: REENTRY + CONVERT TO SWD			[X]

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

12-21-93 RU PU. WELD ON CASING + WELLHEAD. DRILL OUT PLUGS FROM SURFACE TO 200'. TEST CASING 500 PSI D/O PLUGS 560-660, 2360-2460, 3750-3850, 4885-4920. D/O CIBP AT 4920. CLEAN OUT TO 5800'. NEW PBD. RAN AD-1 PACKER AND 2 7/8 CERAMIC-LINED TUBING. SET PACKER @ 4880' TEST CASING TO 500 PSI. OK'd by Johnny Robinson - OCD Work Completed 1-11-94. Now Active S.W.D.

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

SIGNATURE Bob Blundell TITLE AGENT DATE 1-20-94

TYPE OR PRINT NAME BOB BLUNDELL TELEPHONE NO. 887-7347

(This space for State Use)

APPROVED BY SUPERVISOR DISTRICT II TITLE DATE JAN 20 1994

CONDITIONS OF APPROVAL, IF ANY: