Designate Type of Comple	tion - (X)	OT MeTT	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty, Diff, Res
Date Spudded	Date Compl. R	leady to Pr		Total Dept	<u>; </u>	<u>.i</u>	P.B.T.D.	-
11-15-82	1-15-83		2#83 2490			2450		
levetione (DF, RKB, RT, GR, etc.	; Name of Produ	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
7025 GR	Dakota		2340		2342			
2340 - 2344		-1.19249			Depth Coming Shoe			
					2483			
2×25;50	т	UBING, C	ASING, AN	D CEMENTI	NG RECORD)		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		T .	SACKS CEMENT		
12-1/4		8-5/8		160			105	
7-7/8		5-1/2		2/	83		410	
	2-3/8		2342					
		.=		 			- 	
OIL WELL	T FOR ALLOW.	ABLE (T	est must be a ils for this di	fter recovery	of socal volum full 24 hours)	• . •		nal to or exceed top allo
OIL WELL		ABLE (T	est must be a ile for this di	fter recovery	of sotal volum	• . •		nal to or exceed top allo
Oil Well	T FOR ALLOW.	ABLE (Te	eet must be a le for this d	fter recovery	of sotal volum full 24 hours) tothod (Flow,	• . •		mai to or exceed top allo
City First New Oil Run To Tanks Chigth of Teet	T FOR ALLOW	ABLE (Te	eet must be a le for this d	fear recovery pick or be for producing b	of sotal volum full 24 hours) sethed (Flow,	• . •	ift, etc.)	rual to or exceed top alls
TEST DATA AND REQUES OIL WELL DESCRIPTION OIL Run To Tanks Creek of Test Studi Pred. During Test AS WELL	T FOR ALLOW. Date of Tees Tubing Pressur	ABLE (Te	eet must be a le for this d	fter receivery pith or be for Producing h	of sotal volum full 24 hours) sethed (Flow,	• . •	Choke Size	rual to or exceed top allo
COIL WELL COOP First New Oil Run To Tanks Creek of Test Studi Pred. During Test	T FOR ALLOW. Date of Tees Tubing Pressur	ABLE T	eet must be a le for this di	fter receivery pith or be for Producing h	of sotal volum full 24 hours) inthod (Flow,	• . •	Choke Size	· ·
COIL WELL COOP First New Oil Run To Tanks Crapth of Test Studi Pred. During Test	T FOR ALLOW. Date of Test Tubing Pressur Oil-Bbis.	ABLE (Table 1)		feer recovery path or be for producing he Coming Pressure - Bhis.	of sotal volum full 24 hours) inthod (Flow,	• . •	Choke Size Gas-MCF	· ·

78 nsig

Flowing

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

10. 00 100140 DEE	****	
DISTRIBUTIO	D#	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER DIL		
PERATOR		
PROBATION OFF	ICE	
[.		
Operator		

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

M	-				
	15	10	7,30	<i>s</i>	
4434		11.59	12	12	

Operation .	$O_{M} = 198$ M_{\odot}	
Dakota Resources Incorporated	O// CCA, D/S/: D/S/: 3	
Address	Dia Die	
1700 Lincoln St., Suite 3413, Den	over, Colorado 80203	
Reeson(s) for filing (Check proper box)	Other (Please explain)	
Now Well Change in Transporter of:	Connection to gas pipeline	
Recompletion Oil D	ky Gas	
Change in Ownership Casingheet Gas C	ondens are	
I change of ownership give name		
and address of previous owner		
I. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including F	ormation Kind of Lease Lease No.	
Sante Fe Pacific 28 3 Wildcat Dak	ota State, Federal or Fee Fee	
Sante Fe Pacific 🗸 🐧 1331 Wildcat Dak	oga lee	
	1000	
Unit Letter N : 660 Feet From The South Lin	ne and 1980 Feet From The West	
00 - 1 1 day	NI WAR TO THE TAXABLE PROPERTY OF TAXA	
Line of Section 28 Township 17N Range C	W , NMPM, McKinley County	
THE DESIGNATION OF THE AMERICAN		
M. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Number of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Kome of Variousized Heusborten of Off	Variable (Other property to much approper coby of this form is to be sent)	
7	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas		
Gas Company of New Mexico	P.O. Box 26400 Albuquerque, NM 87125	
If well produces oil or liquids, Unit Sec. Twp. Rqs.	1	
give location of tanks.	Yes May 23, 1984	
f this production is commingled with that from any other lease or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
NOIE: Complete Parts IV and V on reverse state if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPENSATE		
hereby certify that the rules and regulations of the Oil Conservation Division have	MAY 25 1984 19	
seen complied with and that the information given is true and complete to the best of	A LC: LL PRANK T CHANGE	
ny knowledge and belief.	Original Signed by FRANK T. CHAVEZ	
	TITLE SUPERVISOR DISTRICT # 3	
	11166	
_ A Simmons	This form is to be filed in compliance with RULE 1104.	
1 Olmmin	If this is a request for allowable for a newly drilled or deepened	
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Agent	All sections of this form must be filled out completely for allow-	
(Tile)	shie on new and recompleted wells.	
May 23, 1984 Fill out only Sections I. II. III. and VI for changes of		
(Date)	well name or number, or transporter, or other such change of condition.	
'	Separate Forms C-104 must be filed for each pool in multiply	