

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address Dakota Resources 4914 N. Midkiff Rd. Midland, TX 79705		OGRID Number 5691
		API Number 30-025-29440
Property Code 301631	Property Name NM EX State	Well No. 2

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
B	9	17S	37E		330	N	1980	E	Lea

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
B	9	17S	37E		330	N	1980	E	Lea

9. Pool Information

Pool Name <i>WC-025 G-06 S173709B; WOLF CAMP</i>	Pool Code <i>98749</i>
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Additional Well Information

Work Type P	Well Type O	Cable/Rotary	Lease Type State	Ground Level Elevation 3730
Multiple No	Proposed Depth	Formation Strawn	Contractor N/A	Spud Date When approved
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☐ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	17 1/2	13 3/8	68	444	500	0
Intermediate	11	8 5/8	32, 24	4200	1500	0
Production	7 7/8	5 1/2	20, 17, 15.5	11300	2082	3700

Casing/Cement Program: Additional Comments

Recompletion procedure attached:

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer

<p>23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC YES and/or 19.15.14.9 (B) NMAC YES, if applicable. Signature: <i>Joe Bob Jones</i></p>		<p>OIL CONSERVATION DIVISION</p>	
<p>Printed name: Joe Bob Jones</p>		<p>Approved By: <i>[Signature]</i></p>	
<p>Title: Operations Manager</p>		<p>Title: Petroleum Engineer</p>	
<p>E-mail Address: jbj@dakotares.com</p>		<p>Approved Date: <i>08/14/15</i> Expiration Date: <i>08/14/17</i></p>	
<p>Date: 7/2/2015</p>		<p>Conditions of Approval Attached</p>	
<p>Phone: 432 697 3420</p>			

RE-ENTER PERMIT

AUG 20 2015

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