

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103
Revised July 18, 2013

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88220
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS
APR 12 2017
RECEIVED
Oil, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-29440
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name New Mexico EX State (Midway SWD)
8. Well Number #2
9. OGRID Number 5691
10. Pool name or Wildcat Midway

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Dakota Resources, Inc.

3. Address of Operator 4914 N Midkiff Rd
Midland, TX 79705

4. Well Location
Unit Letter B : 330 feet from the N line and 1980 feet from the E line
Section 9 Township 17S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Test Anchors, MIRU Pulling Unit
2. Confirm well is on vacuum
3. MIRU POOH W/106 jts 2 7/8"
4. PU 5 1/2" CIBP
5. RIH w/ WL and Set 5 1/2" CIBP @ 10,150'
6. POOH
7. RIH w/ WL and dump bail 5 sx cmt
8. POOH
9. RU pump truck with chart recorded, text csg to 500 psi for 30 min.
10. Record pressure every 10 min and report any loss
11. If test good RDMO

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

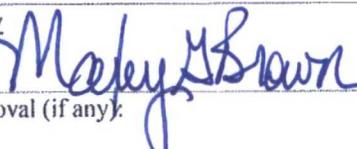
Spud Date: 4/17/17

Rig Release Date: 4/18/17

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

SIGNATURE  TITLE Vice President DATE 3/24/17

Type or print name James Thompson E-mail address: PHONE: 432-697-3420

For State Use Only
APPROVED BY:  TITLE AO/II DATE 4/12/2017

Conditions of Approval (if any):