

**HOBBS OCD**

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

JAN 09 2020

**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <b>DAKOTA RESOURCES</b>		API Number <b>30-025-23985</b>	
Property Name <b>WALLEN Fcd.</b>		Well No. <b>#2</b>	

**1. Surface Location**

UL - Lot <b>C</b>	Section <b>20</b>	Township <b>20S</b>	Range <b>34E</b>	Feet from <b>990</b>	N/S Line <b>N</b>	Feet From <b>1650</b>	E/W Line <b>W</b>	County <b>LEA</b>
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**Well Status**

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJ <input checked="" type="radio"/> INJECTOR <input checked="" type="radio"/> SWD	OIL PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <b>12-11-19</b>
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**OBSERVED DATA**

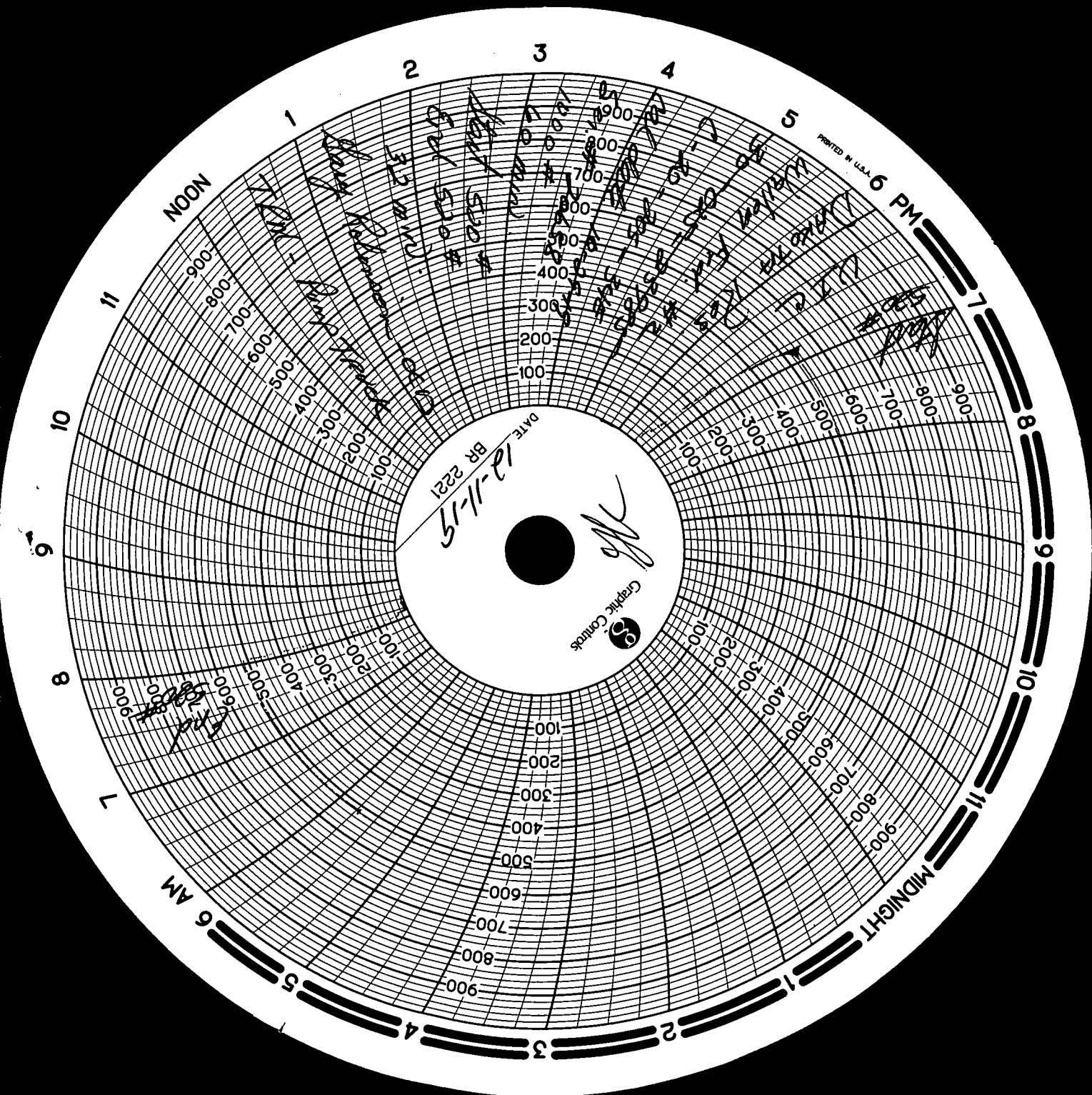
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<b>0</b>			<b>0</b>	<b>0</b>
<b>Flow Characteristics</b>					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 ... WTR ... GAS ... Type of Fluid Injected for Waterflood if applies
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**UIC  
MIT**

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <b>Larry Robinson</b>			

INSTRUCTIONS ON BACK OF THIS FORM



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No. L-029512

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other Instructions on page 2**

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1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator Dakota Resources, Inc. (I)

3a. Address 4914 N. Midkiff  
Midland, TX 79705

3b. Phone No. (include area code)  
(432) 697-3420

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
900'FNL & 1650' FWL (Unit C) Sec 20, T-20-S, R-34-E, NMPM

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. Wallen Federal #2

9. API Well No. 30-025-23985

10. Field and Pool or Exploratory Area  
Teas Yates Seven Rivers

11. Country or Parish, State  
Lea County, New Mexico

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has detennined that the site is ready for final inspection.)

Performed Bradenhead test on SWD well. Test dated 12/11/19. Pressured up to 520#. At the end 32 minutes pressure realined at 520#. Chart attached.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Chris M. Morphew

President

Title

Signature

Date

12/18/2019

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

**FOR RECORD ONLY**

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

*Sanjivini NMOLD 1-20-20*