

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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| WELL API NO. 30-005-21104 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. K-4495 |

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| 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | 7. Lease Name or Unit Agreement Name New Mexico State BX |
| 2. Name of Operator Dakota Resources, Inc. (I) | 8. Well Number 8 |
| 3. Address of Operator 4914 N. Midkiff Road, Midland, TX 79705 | 9. OGRID Number 05691 |
| 4. Well Location Unit Letter <u>N</u> : <u>860</u> feet from the <u>South</u> line and <u>2230</u> feet from the <u>West</u> line Section <u>16</u> Township <u>8-S</u> Range <u>33-E</u> NMPM Chaves County | 10. Pool name or Wildcat Chaveroo-San Andres |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4382.4' GR | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> | |
| Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ | |
| Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ | |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

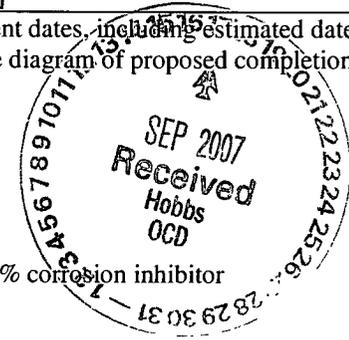
| | | | |
|--|--|--|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: T/A MIT Test <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

A. Ran in hole on 9-4-07 and set CIBP @ 4150' & dumped 2 sks cement on top of BP.

PLAN:

- A. Plan is to TIH with tubing String to 4100' and displace hole with packer fluid containing 1% corrosion inhibitor
- B. Pressure up on casing to 500 psi and hold for 30 minutes.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE R Maddox TITLE Operator's Mgr DATE 9-12-07

Type or print name Rick Maddox E-mail address: Telephone No.

APPROVED BY: Gary W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 17 2007

Conditions of Approval (if any):