

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|-------------------------------------|
| Operator DAKOTA RESOURCES, Inc. (I) | Well API No. 30-025-31074 |
| Address 310 W. Wall Ste 415 Midland, TX. 79701 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator: _____ | |

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-91 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|-----------|
| Lease Name Johnson | Well No. 1 | Pool Name, Including Formation Jenkins San Andres | Kind of Lease State, Federal or <u>Fee</u> | Lease No. |
| Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 19 Township 9-S Range 35-E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corp | Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, TX 77210 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When ? J 19 9S 35E No |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|----------|--|----------|----------------------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 1/17/91 | Date Compl. Ready to Prod. | | Total Depth 12,750 | | P.B.T.D. 5255- | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4176 GR; 4193.5' KB | Name of Producing Formation San Andres | | Top Oil/Gas Pay 4767 | | Tubing Depth 4800 | | | |
| Perforations 4767 - 4787 | | | | | Depth Casing Shoe 5337 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2 | 13 3/8 | | 495 | | 530 | | | |
| 11 | 8 7/8 | | 4105 | | 1250 | | | |
| 7 7/8 | 4 1/2 | | 3826 - 5337 | | 425 | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|---|--------------------------------|--|--------------------------|
| Date First New Oil Run To Tank 5-5-91 | Date of Test 5-10-91 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs | Tubing Pressure NA | Casing Pressure -0- | Choke Size NA |
| Actual Prod. During Test 34.8 BF | Oil - Bbls. 3.48 | Water - Bbls. 30 | Gas - MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **S.E. Wright** Title **Engineer**
Printed Name **S.E. Wright**
Date **10/2/91** Telephone No. **915/687-0501**

OIL CONSERVATION DIVISION

Date Approved **OCT 4 1991**

By **APPROVED**

Title **MANAGER**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.