

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

WELL API NO. 30-025-31074	
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 Johnson	
8. Well No. 1	
9. Pool name or Wildcat Jenkins San Andres	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4176 GR	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator DAKOTA RESOURCES, Inc. (I)
3. Address of Operator 310 W. Wall Ste 415 Midland, TX. 79701	4. Well 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
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4176 GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

12. 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.

T.H. to 3734' & tag cnt on Top of Liner (TOL)
Drill w/ 7 7/8" bit cnt to TOL @ 3826'. Clear out inside
liner to 5139'. Test csg & TOL to 1000psi
Perf 4767-4787. Acidize w/ 2000 gal 7 1/2 % acid. Finish
3-29-91

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

SIGNATURE **S. E. Wright** TITLE **Engineer** DATE **10/2/91**
TYPE OR PRINT NAME **S. E. Wright** TELEPHONE NO. **915/687-050**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: