Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
District II 1301 W. Grand Avenue, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-005-10083
District III 1220 South St. Francis Dr.		icis Dr.	5. Indicate Type of Lease  STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87	505	6. State Oil & Gas Lease No.
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:			7. Lease Name or Unit Agreement Name: New Mexico BW State
Oil Well Gas Well Other			0 W 9 2
2. Name of Operator Dakota Resources, Inc. (I)			8. Well No.
3. Address of Operator 911 N. Midkiff, Midland, TX 79701			Pool name or Wildcat     Chaveroo San Andres
4. Well Location			
Unit Letter J : 1988   feet from the   South   line and   1997   feet from the   East   line			
Section 16	Township 8S Ran	nge 33E	NMPM County Chaves
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4398 DR			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENT	TION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG	AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHAN	NGE PLANS	COMMENCE DRILL	LING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULT COMI	TIPLE  PLETION	CASING TEST AND CEMENT JOB	
OTHER:		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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Proposed Operations: Frac the San Andres interval with 19,000 gals of Delta Frac 140 (20#) carring 35,000 pound of 20/40 mesh Brady sand. Treat down the 2 3/8" tubing at 16 BPM with an anticipated WHTP of 3,350 psi.  Treatment will be on existing perfs from 4249' to 4366'			
			0212
			2000H 211
I hereby certify that the information above	is true and complete to the be	est of my knowledge	and belief.
SIGNATURE Chus M. Me	refler TITLE P	resident	DATE_7/29/02
Type or print name Chris M. Morphe			*
(This space for State use)			Telephone No. (915) 697-3420
APPPROVED BY	VICES NEW YORK STATES		
Conditions of approval, if any:	CONTRACTOR OF THE STATE OF THE	EVE E/STAFF MA	NAGER AUG 0 6 2002

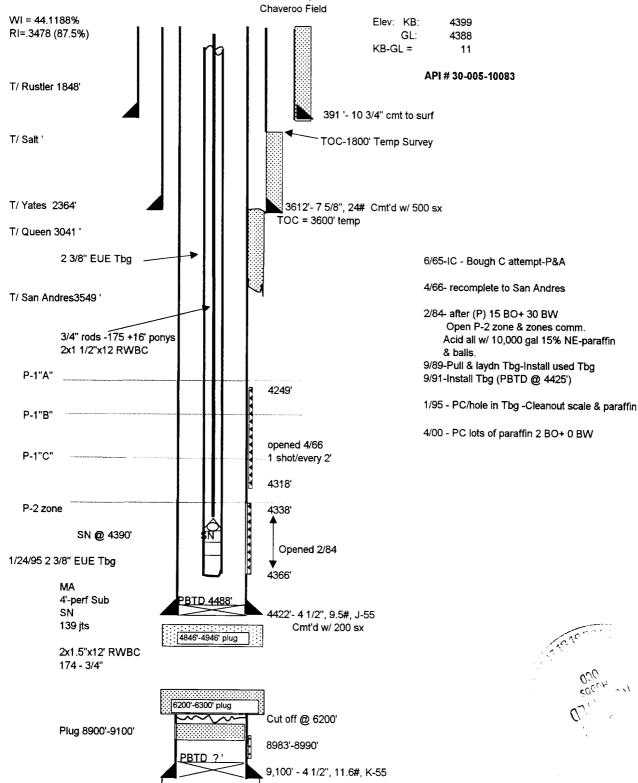
## **NEW MEXICO STATE BW #4**

1988' FSL & 1997' FEL (J) Sec 16 - T8S - R33E Chaves Co., NM

4399

4388

11



by: CAR 07/30/02

Beth 99 unit size 1 econopac TD:9100