

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>DAKOTA Resources, Inc. (I)</u>	Well API No.
Address <u>P.O. Box 10033 MIDLAND Tex 79702</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Oil Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator <u>EXXON CORP. Box 1600, Midland, TX 79701</u>	

I. DESCRIPTION OF WELL AND LEASE

Well Name <u>New Mexico Bw Sta 4</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Chaveros San Andres</u>	Kind of Lease State, Federal or Fee	Lease No. <u>21597</u>
Location Unit Letter <u>J</u> : <u>1980</u> <u>1988</u> Feet From The <u>South</u> Line and <u>1980</u> <u>1997</u> Feet From The <u>EAST</u> Line Section <u>16</u> Township <u>8S</u> Range <u>33E</u> , NMPM, <u>CHAVES</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>PERMIAN</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 Houston, Tex 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NA</u>	Address (Give address to which approved copy of this form is to be sent)					
Is well produces oil or liquids, give location of tanks.	Unit <u>6</u>	Sec. <u>16</u>	Twp. <u>8S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>No</u>	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Chris M. Morpheu  
Printed Name Chris M. Morpheu Title RESIDENT  
Date August 30, 1989 Telephone No. 915-657-0541

OIL CONSERVATION DIVISION

AUG 31 1989

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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.