

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, 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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO. 30-005-10084
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: New Mexico BW State
8. Well No. 5
9. Pool name or Wildcat Chaveroo San Andres

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 911 N. Midkiff Midland, TX 79701	
4. Well Location Unit Letter O .662 feet from the South line and 1947 feet from the East line Section 16 Township 8S Range 33E NMPM County Chaves	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4380' GL	

11. 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 COMPLETION <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"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: TA and pressure test casing <input checked="" type="checkbox"/>

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.

Operations performed:

1. Set plug @ 4197' 2. Pressure test to 500# (Chart attached) 3. Witnessed by Billy Prichard of NMOCD

This Approval of Temporary
Abandonment Expires

12/9/07

ED
Hobbs
OCD

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

SIGNATURE Pam Morphew TITLE Vice President DATE 12/2/02

Type or print name Pam Morphew

Telephone No. (915) 697-3420

APPROVED BY _____ TITLE SIGNED BY

Conditions of approval, if any:

JOE W. WINK
OCD FIELD REPRESENTATIVE II/STAFF MANAGER
DATE 12/2/02