

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☒
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Proposed Operations:

1. Set CIBP @ 4197' & cap w/ 35' cement
2. Perform MIT to 500# and hold for 30 minutes w/ chart

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

SIGNATURE Chris M. Morphew TITLE President DATE 7/29/02

Type or print name Chris M. Morphew

Telephone No. (915) 697-3420

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE / STAFF MANAGER

AUG 06 2002