

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

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, Texas 79702</u> | |
| Reason(s) for Filing (Check proper box) | <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator | |
| Change in Transporter of: | <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) | |
| Change of operator give name and address of previous operator | <u>EXXON CORP. Box 1600, Midland TX 79701</u> | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|---|--------------------------------|-----------------------------|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| <u>New Mexico BX STATE</u> | <u>2</u> | <u>CHAUVERCO SAN ANGELES</u> | <u>State/Federal or Fee</u> | <u>K-4495</u> |
| Location | Unit Letter <u>K</u> : <u>1980</u> <u>1997</u> Feet From The <u>West</u> Line and <u>1837</u> Feet From The <u>South</u> Line | | | |
| Section | Township | Range | NMPM | County |
| <u>16</u> | <u>8S</u> | <u>33 E</u> | <u>CHAVES</u> | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|-----------|-----------|------------|----------------------------|-------|
| Name of Authorized Transporter of Oil or Condensate | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| <u>PERMIAN AREA PERMIAN</u> | <u>P.O. Box 1183 Houston TX 77001</u> | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| <u>NOT</u> | <u>NOT</u> | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | <u>13</u> | <u>16</u> | <u>8S</u> | <u>33E</u> | <u>NO</u> | |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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, RKE, 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/MNCF | Gravity of Condensate |
| Testing Method (pilot, 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. Morphen
Printed Name Chris M. Morphen Title PRESIDENT
Date August 30, 1989 Telephone No. 915-687-0501

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.