

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	Dakota Resources, Inc. (I)	Well API No.	
Address	310 W. Wall, Suite 814, Midland, TX 79701		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator		
Change in Operator give name and address of previous operator	Beren Corporation 1801 California, Suite 3900 Denver, CO 80217		

DESCRIPTION OF WELL AND LEASE

Lease Name	Levick State	Well No.	2	Pool Name, Including Formation	Tobac-Pennsylvanian	Kind of Lease	State, Federal or Fee	Lease No.	B-8638
Location	Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line								
	Section 20	Township 8S	Range 33E	, NMPM, Chaves		County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Mobil Pipe Line Company		Address (Give address to which approved copy of this form is to be sent)	P.O. Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Trident NGL Inc		Address (Give address to which approved copy of this form is to be sent)	10200 Grogan Mill Rd, Woodlands, TX 77380
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 20	Twp. 8S	Rge. 33E
Is gas actually connected?	yes		When?	No Sales since 1982 September 1, 1966

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 (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 Pam Morphey  
Printed Name Pam Morphey Vice President  
Date 2/17/92 Telephone No. 915 687-0501

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON

CONTACT 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.