

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-005-20806
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Conoco
8. Well No. 2
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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
Dakota Resources, Inc.

3. Address of Operator
911 N. Midkiff, Midland, TX 79701

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 15 Township 8 South Range 33 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4394' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Return to Production <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.

4/19/00 Repaired bad pump and returned to production at +/- 5 BOPD.
Well was down 3 months (4/01-6/01) with parted rods and waiting on rig. It is now producing again.

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

SIGNATURE Alan Roberts TITLE Sup DATE 9-20-01

TYPE OR PRINT NAME Alan Roberts 915/ 697-3423 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 27 2001

CONDITIONS OF APPROVAL, IF ANY: