

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.

30-20844

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Conoco

8. Well No.

3

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. (I)

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

4. Well Location

Unit Letter N : 660 feet from the south line and 1650 feet from the West line

Section 15 Township 8S Range 33E NMPM County Chaves

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4372-KB

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: TA and pressure test casing ☒

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 recompletion.

Operations performed:

1. Set plug @ 4250' 2. Pressure test to 500# (Chart attached) 3. Witnessed by Billy Prichard of NMOCD

This Approval of Temporary
Abandonment Expires

12/5/07

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

(This space for State use)

APPROVED BY _____ DATE _____

Conditions of approval, if any:

RECEIVED BY

DATE

TITLE REPRESENTATIVE II/STAFF MANAGER DEC 06 2002