

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

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.)		WELL API NO. 30-005-21009
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Dakota Resources, Inc. (I)		6. State Oil & Gas Lease No.
3. Address of Operator 911 N. Midkiff Midland, TX 79701		7. Lease Name or Unit Agreement Name: State "22"
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>22</u> Township <u>8S</u> Range <u>33E</u> NMPM County <u>Chaves</u>		8. Well No. 2
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4367 GR		9. Pool name or Wildcat Chaveroo San Andres

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"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: TA and Pressure test casing <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. 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 _____ ORIGINAL SIGNED BY _____ DATE _____
Conditions of approval, if any: GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DEC 06 2002