

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Dakota Resources, Inc.	
Address 310 W. Wall, Suite 415, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wakan Tanka Federal	Well No. 1	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter <u>N</u> : <u>2287</u> Feet From The <u>West</u> Line and <u>538</u> Feet From The <u>South</u>				
Line of Section <u>27</u> Township <u>13S</u> Range <u>31E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

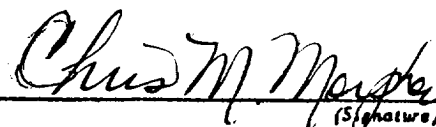
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
JM Petroleum Corporation	2500 Allianz Financial Centre, 2323 Bryan, Lock Box #185, Dallas, Texas 75201	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NA		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	27
	Twp.	Rge.
	13S	31E
Is gas actually connected?	When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Chris M. Morphey
President
(Title)
September 30th, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED Oct 03 1988, 19____
BY Drig. Signed by Paul Kautz
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-3-88	Date Compl. Ready to Prod. 7-16-88		Total Depth 2970'			P.B.T.D. 2930'			
Elevations (DF, RKB, RT, GR, etc.) 4293.5 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 2892'			Tubing Depth 2900'			
Perforations 2893' - 2898'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		313'		145 sks			
7 7/8"		5 1/2"		2970'		450 sks			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 7-17-88	Date of Test 9-30-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 110	Gas - MCF To small to measure

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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OCT - 8 1988

DATA