

UNITED STATES N. M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PO BOX 7980
SANTA FE, NEW MEXICO 87240

Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM - 080128
2. NAME OF OPERATOR Dakota Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 310 W. Wall, Suite 415, Midland, Texas 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 538' FSL & 2,287' FWL of Section 27		8. FARM OR LEASE NAME Wakan Tanka Federal
14. PERMIT NO.		9. WELL NO. 01
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Caprock Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T13S, R31E
		12. COUNTY OR PARISH Chaves
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Run Surface & Production Casing</u> <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Ran 9 5/8" surface casing. Ran 9 joints 9 5/8" 36 lb./ft. J-55 ST&C casing OAL 313'. Set at 313'. Cement with 145 sacks Cl 'C' with 2% CaCl. Circulated 29 sacks cement.

Ran 5 1/2" production casing. Ran 93 joints 5 1/2" 14 lb./ft. J-55 ST&C OAL 2,970'. Set at 2,965'. Cement with 450 sacks Cl 'C' with 5 lb./sk. salt & .2% AF-HD. Circulated 2 sacks. Bump plug at 8:00 p.m. 5-7-88.

RECEIVED
MAY 17 7 50 AM '88
BUREAU OF LAND MGT
ROSWEILL RESOURCE AREA

18. I hereby certify that the foregoing is true and correct

SIGNED

Chris Morphet
Chris Morphet

TITLE President

DATE 5-11-88

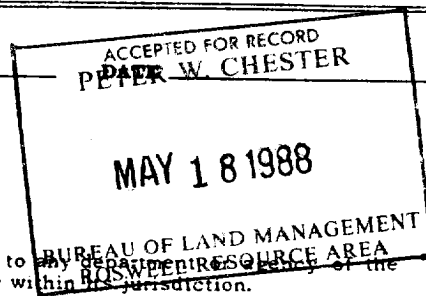
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



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MAY 24 1988
OCD
HOBBS OFFICE