

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. 30-005-21080
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-9089
7. Lease Name or Unit Agreement Name Wakonda State
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 P : 660 Feet From The South Line and 660 Feet From The East Line
Section 16 Township 8 South Range 33 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4372' GL

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Well Data: 8 5/8" @ 438' cemented w/ 250 sx- circ'd to surface
5 1/2" @ 4,250' cemented w/ 1,110 sx- circ'd to surface.
Completion: open hole 4,310' to 4,250'

Proposed Work:

- TAG-1) Set CIBP @ 4,150' & cap w/ 35' of cement
2) Fill hole w/ mud
TAG-3) Set CIBP @ 2,020' & cap w/ 35' of cement
TAG-4) Spot 35 sx cement plug 458' to 358'
5) spot 10 sx surface plug

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED

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

SIGNATURE Alan Roberts TITLE Supt. DATE 9-24-01
TYPE OR PRINT NAME Alan Roberts 915/697-3420 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 25 2001
CONDITIONS OF APPROVAL, IF ANY: