

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Dakota Resources, Inc. (I)	Well API No. 30-005-21082
Address 310 W. Wall, Suite 415, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Wakan Tanka Federal	Well No. 2	Pool Name, Including Formation Caprock-Queen	Kind of Lease State, Federal or Fee	Lease No. NM-080128
Location				
Unit Letter M : 330 Feet From The South Line and 990 Feet From The West Line				
Section 27 Township 13S Range 31E, 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"/> Koch <del>GTGO Petroleum Corp.</del>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3758, Tulsa Oklahoma 74102	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	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 C	Sec. 34
	Twp. 13S	Rge. 31E
	Is gas actually connected? No	When ? When line available

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

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-12-89	Date Compl. Ready to Prod.		Total Depth 2936		P.B.T.D. 2907			
Elevations (DF, RKB, RT, GR, etc.) 4229.7 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 2822		Tubing Depth 2801			
Perforations 2824-34					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8-5/8		328		200			
7-7/8	5 1/2		2936		450			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

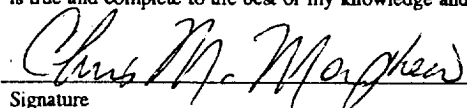
Date First New Oil Run To Tank 4/4/89	Date of Test 4/19/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 20 psi	Casing Pressure 40 psi	Choke Size NA
Actual Prod. During Test 80	Oil - Bbls. 80	Water - Bbls. 240	Gas- MCF NA

### GAS WELL

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

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

  
Signature Chris M. Morphew President  
Printed Name April 28, 1989 Title  
Date (915) 687-0501 Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAY 2 1989  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED  
MAY 1 1989  
OCD  
HOBBS OFFICE