Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-08128

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
[X] Oil Well   [ ] Gas Well   [ ] Other

8. Well Name and No.
Wanka Tanka Fed. #

2. Name of Operator
Dakota Resources, Inc. (I)

9. API Well No.
30-005-21088

3. Address and Telephone No.
911 N. Midkiff . Midland, TX 79701 (915) 697-3420

10. Field and Pool, or Exploratory Area
Caprock Queen

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1,550' FSL & 2,310; FWL
SEC. 27, T-13-S, R-31-E, NMPM

11. County or Parish, State
Chaves, NM
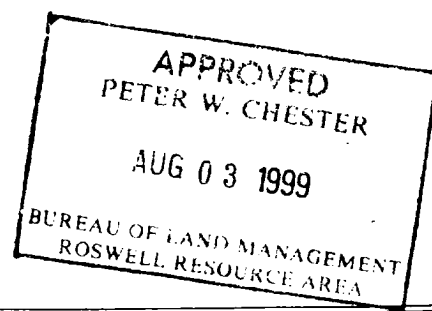
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[ ] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other __Return to Prod.__	[ ] Dispose Water

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

13. 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.)*

Subject well shut-in due to hole in tubing. Plan to move in
well service unit August 9-16, 1999. Repair tubing and return
to production status.

APPROVED
PETER W. CHESTER
AUG 03 1999
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

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

Signed _____   Title Production Superintendent   Date 7/29/99

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

*See Instruction on Reverse Side