| iit 5 Copies ropriate District Office <u>STRICT 1</u> .O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III | State of Ne Enc. , Minerals and Natu OIL CONSERVA P.O. Bo Santa Fe, New Me | TION DIVISION 0x 2088 | Form C-104 Revised 1-1-89 See Instructions at Bottom of Page |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| IOUO Rio Brazos Rd., Aztec, NM 87410 I. | REQUEST FOR ALLOWAB TO TRANSPORT OIL | | Ν |
| Operator Dakota Resources, | | w | ell API No. シノクタイ 10-005-2 108 2 |
| Address | | | |
| Reason(6) for Filing (Check proper box) New Well X Recompletion Image: Change in Operator If change of operator give name | Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate | Other (Please explain) | |
| and address of previous operator | | | |
| Lease Name Wakan Tanka Feder | Well No. Pool Name, Includi | - | ind of Lease Lease No. Late, (Edicrator Fee NM-08128 |
| Location Unit LetterK | : | South Line and 2,310 | _ Feel From TheWestLine |
| Section 27 Township | n 13S Range | 31E , NMPM, Chaves | County |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Koch Oil Name of Authorized Transporter of Casing NA | SPORTER OF OIL AND NATU The or Condensate Sphead Gas or Dry Gas | RAL GAS Address (Give address to which appr Address (Give address to which appr | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. C 34 13S 31E | Is gas actually connected? | Vhen? When Line Available |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or pool, give comming | ling order number: | |
| ſ <u></u> | Oil Well Gas Well | New Well Workover Deep | en Plug Back Same Res'v Diff Res'v |
| Designate Type of Completion | - (X) X Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 08-27-89 | 10-01-89 | 2,983 | 2,929 |
| Elevations (DF, RKB, RT, GR, etc.) 4307 GR Perforations | Name of Producing Formation Queen | Top Oil/Gas Pay 2,896 | Tubing Depth 2,895 Depth Casing Shoe |
| 2,896-2,909 | | | · · · · · · · · · · · · · · · · · · · |
| | | CEMENTING RECORD | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | 200 |
| 7 7/8 | 5 ¹ 2 | 2,983 | 400 |
| V. TEST DATA AND REQUE OIL WELL (Test must be after 1 Date First New Oil Run To Tank | ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test | st be equal to or exceed top allowable f Producing Method (Flow, pump, gas | |
| 9-21-89 | 10-01-89 | Pump | |
| Length of Test 24 Hours | Tubing Pressure | Casing Pressure 40 psi | Choke Size NA |
| Actual Prod. During Test 25 | Oil - Bbls. 25 | Water - Bbls. 240 | Gas- MCF NA |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| TSTM Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shui-in) | Choke Size |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my | ilations of the Oil Conservation I that the information given above | OIL CONSE | RVATION DIVISION OCT 3 0 1989 |
| Signatur Signatur Chris M. Morphew Printed Name October 25, 1989 Date | Title (915) 687-0501 Telephone No. | ByORIG | DISTRICT I SUPERVISOR |

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.

 All sections of this form must be filled out for allowable on new and recompleted wells.
 The set only Sections 1.11.111 and VI for changes of operator, well name or number, transporter, or other such changes.