

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form approved.
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water injector Snd</u>	5. LEASE DESIGNATION AND SERIAL NO. 88240NM - 080128
2. NAME OF OPERATOR Dakota Resources, Inc. (I)	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 2080' FSL & 990' FWL of Section 27	8. FARM OR LEASE NAME Wakan Tanka Federal
	9. WELL NO. 4
	10. FIELD AND POOL, OR WILDCAT Caprock Queen
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T13S, R31E
14. PERMIT NO.	12. COUNTY OR PARISH Chaves
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4266.3 GL	13. STATE New Mexico

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

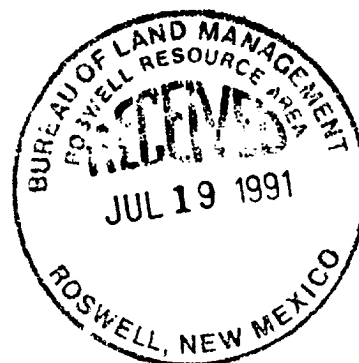
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Converted Snd</u>	
(Other) <input type="checkbox"/>	X	(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.) *

Converted producing well to water injector as described below.
Work commenced June 11, 1991 and completed June 18, 1991.

1. Trip in hole with 78 joints 2 7/8" coated tubing and 4' packer. Assembly 77 joints tbg, packer and 1 joint tbg below packer.
2. Set packer at 2425'.
3. Bottom of tbg at 2458'.
4. Tested annulus and packer 620 # for 30 minutes.
5. Set water tank and circulating pump.
6. Started pumping water down well.

Sng interval 2804-2876



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

SIGNED Jim Morpheus

TITLE Vice President

DATE 6/21/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

SUBJECT TO LIKE
APPROVAL BY STATE

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

JUL 30 1991

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

