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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator DAKOTA RESOURCES Inc(I) | Well API No. 30-005-21092 |
| Address 310 W. Wall Suite 415 Midland, Tx. 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 Tank a Federal | Well No. 4 | Pool Name, Including Formation Caprock Queen | Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee | Lease No. NM 080128 |
| Location | | | | |
| Unit Letter L | : 2080 | Feet From The S | Line and 990 | Feet From The W Line |
| Section 27 | Township 13 S | Range 31 E | , 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 Oil | Address (Give address to which approved copy of this form is to be sent) 310 W. Wall Suite 415 Midland, TX 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 34 | Twp. 13 S | Rge. 31 E | Is gas actually connected? NO | When? When line avail. |

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 1-31-90 | Date Compl. Ready to Prod. 2-28-90 | | Total Depth 2947 | | P.B.T.D. 2891 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4264.5' GL | Name of Producing Formation Queen | | Top Oil/Gas Pay 2864 | | Tubing Depth 2796 | | | |
| Perforations 2864-2876 | | | | | | Depth Casing Shoe 2947 | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12 1/4 | CASING & TUBING SIZE 8 5/8" | | DEPTH SET 330 | | SACKS CEMENT 200 | | | |
| 7 7/8 | 5 1/2 | | 2947 | | 400 | | | |

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 2-4-90 | Date of Test 2-28-90 | Producing Method (Flow, pump, gas lift, etc.) PUMP | |
| Length of Test 24 hrs | Tubing Pressure NA | Casing Pressure 0 | Choke Size NA |
| Actual Prod. During Test 191 | Oil - Bbls. 21 | Water - Bbls. 170 | Gas- MCF TSTM |

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
S.E. Wright
Printed Name
S.E. Wright
Date
3/22/90
Title
Engineer
Telephone No.
915/687-0501

OIL CONSERVATION DIVISION
APR 02 1990

Date Approved
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.