

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Dakota Resources, Inc | | 8. FARM OR LEASE NAME Wakan Tanka Federal | |
| 3. ADDRESS OF OPERATOR 310 W. Wall, Suite 415, Midland TX 79701 | | 9. WELL NO. 4 | |
| 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 Sec. 27 | | 10. FIELD AND POOL, OR WILDCAT Caprock Queen | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27, T13S, R31E | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4266.3' GL | | 12. COUNTY OR PARISH Chaves | |
| | | 13. STATE NM | |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> Spud; surf cs; Rod cs. | |

(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.)*

Spudded @ 4pm 1-31-90. Ran 8jts 8 5/8" 24# K-55 casing & set @ 330'. Cemented w/200sx C/C' w/2% C.C.I. Circulated 70 sx. Drilled to 2947'. Ran 73jts 5 1/2" 14# J-55 casing & set @ 2947'. Cemented w/200 sx Pacesetter Lite w/5# salt per sack followed by 200 sx C/C' w/5# salt & 0.2% AFS per sack. Circulated 43 sx. Bumped plug @ 11pm 2-5-90. Released rig. Completion operations will start approximately 2-15-90.

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

SIGNED S.E. Uffert TITLE Engineer DATE 2-8-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side