

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL CONS. COMMISSION  
P. O. BOX 1880  
HOBBS, NEW MEXICO 88240  
SUBMIT IN TRIP DATE  
(Also instructio. n re-)

2. Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
NM 55945

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Dakota Resources, Inc. (I)	8. FARM OR LEASE NAME STARSHOOTER FEDERAL
3. ADDRESS OF OPERATOR 310 W. Wall Ste 415 Midland, TX 79701	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FWL 1' 660' FNL Sec. 18, T13S, R31E	10. FIELD AND POOL OR SUBSIDY Seymour Queen Gas Well Assoc.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4001' 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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)\*

(3-30-90) Rigged up well suc. unit. Ran GR-CCL-CNL log. perforated 2455'-2463' w/16 shots. Ran PK & set @ 2343'. Acidized w/500 gal. 15% MSR acid. Swab w/ v. sl. sho gas.

(3-31-90) Swab w/ v. sl. sho. gas. ONSITP was 20 psi. Still have 9/2 BLWTR. RD unit.

NOTE: will fracture treat at the end of Prairie Chicken Booming Season

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

SIGNED S. E. Uhl TITLE Engineer

DATE 4/4/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE \_\_\_\_\_

APR 18 1990

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side