

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Dakota Resources, Inc. (I)		Well API No. 30-005-21104
Address 310 W. Wall, Ste. 814 Midland, Texas 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"/>	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico BX State	Well No. 8	Pool Name, Including Formation Chaveroo - San Andres	Kind of Lease State, Federal or Fee	Lease No. K-4495
Location				
Unit Letter N : 860 Feet From The South Line and 2230 Feet From The West Line				
Section 16 Township 8S Range 33E, 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"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Pet	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
		16	8S	33E	Yes	5/4/92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					
Date Spudded 4/4/92	Date Compl. Ready to Prod. 5/3/92		Total Depth 4400		P.B.T.D. 4362			
Elevations (DF, RKB, RT, GR, etc.) 4382.4 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4250		Tubing Depth 4170			
Perforations 4250-4262, 4270-4276, 4281-4290, 4339-4351					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"-24#	425	250 sxs C1 'C'
7 7/8"	5 1/2"-14-15.5#	4400	1000 sxc Lite/200sx C1 'C'

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 5/4/92	Date of Test 5/8/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure 20	Casing Pressure 20	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 69	Water - Bbls. 0	Gas- MCF 30

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.

Pam Morphew

Signature
Pam Morphew

Printed Name
5/19/92

Date

Vice President

Title

(915) 687-0501

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title