

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-005-21104
Form C-101
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.
K-4495

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL ☒ DEEPEN ☐ PLUG BACK ☐				7. Unit Agreement Name	
b. Type of Well OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐				8. Farm or Lease Name New Mexico State ☒ (BX)	
2. Name of Operator Dakota Resources, Inc. (I)				9. Well No. 8	
3. Address of Operator 310 W. Wall, Suite 415, Midland, TX 79701				10. Field and Pool, or Wildcat Tobac - Bough PENN	
4. Location of Well UNIT LETTER N LOCATED 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE OF SEC. 16 TWP. 8S RGE. 33E NMPM				12. County Chaves	
19. Proposed Depth 9100				19A. Formation Bough "C"	
20. Rotary or C.T. Rotary					
21. Elevations (Show whether DF, RT, etc.) 4382 .4 GL		21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Sitton Drilling	
				22. Approx. Date Work will start 9-1-91	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	54.50	300	300	Circ.
12 1/4"	9 5/8"	47#	2850	1200	Circ.
7 7/8"	5 1/2"	17#	9000	1500	2500'

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Sam Morpheus Title Vice President Date 9/14/91
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE 9/14/91

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

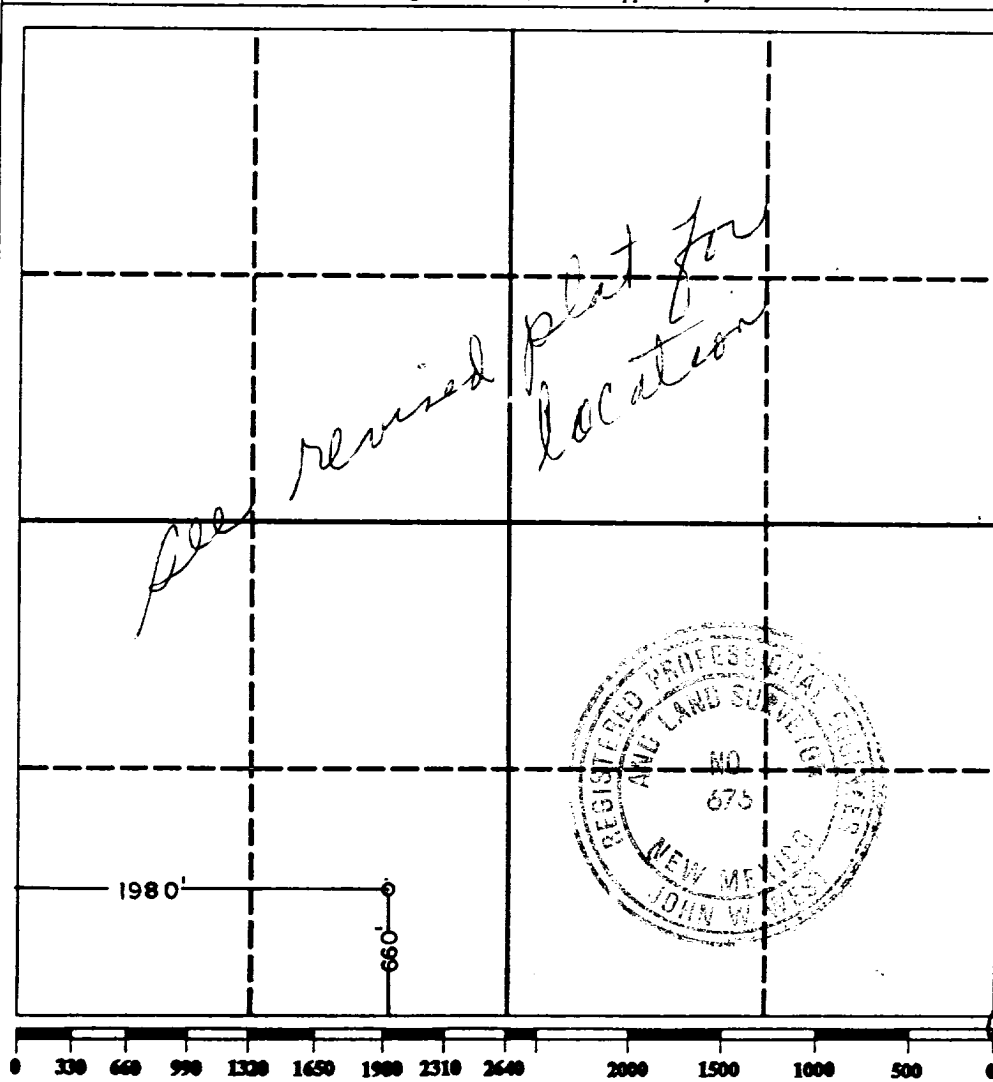
All Distances must be from the outer boundaries of the section

Operator DAKOTA RESOURCES Inc (I)			Lease NEW MEXICO STATE (BX)		Well No. 8
Unit Letter N	Section 16	Township 8 SOUTH	Range 33 EAST	County CHAVES	

Actual Footage Location of Well:

1980 feet from the WEST line and 660 feet from the SOUTH line			
Ground level Elev. 4382.4	Producing Formation PENN (Bough c)	Pool Tobac Penn	Dedicated Acreage: 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Pam Morpew
Signature

Pam Morpew
Printed Name

Vice President
Position

Dakota Resources, Inc.
Company

8/14/91
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
8-8-91

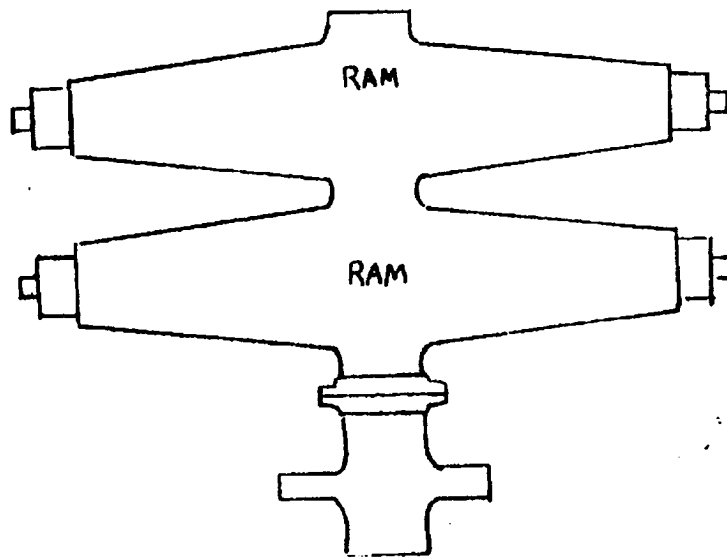
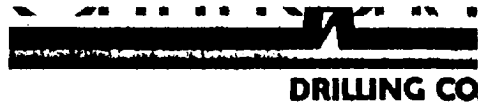
Signature & Seal of
Professional Surveyor

John W. West
Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239

RECEIVED

AUG 16 1931

OFFICE
NOBES OFFICE



REC'D

SEP 06 1991

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