Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

NM 91906

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation	
i. Type of Well Oil Gas Well Other	8. Well Name and No.	
2. Name of Operator Dakota Resources, Inc. (I)	Karankawa Fed. #1	
3. Address and Telephone No. 310 W. Wall, Ste 814, Midland, TX 79701 (915) 687-0501	30-005-2111-8 10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	Caprock Queen 11. County or Parish, State	
330' FSL & 330' Sec 28, T-13-S, R-31-E	Chaves, NM	
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA	

TYPE OF ACTION TYPE OF SUBMISSION Notice of Intent Change of Plans Abandonment **New Construction** Recompletion Subsequent Report Non-Routine Fracturing Plugging Back Water Shut-Off Casing Repair Final Abandonment Notice Altering Casing Conversion to Injection Other Approval to vent Dispose Water (Note: Report results of multiple completion on Well casinghead gas Completion or Recompletion Report and Log form.)

13. 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 drille give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Dakota is proposing to vent 48 mcfd casing head gas from it's Karankawa Federal #1. This volume of gas was determined by using a 2" adjustable choke and back pressure valve. An attempt was made to market the gas, however, due to the high nitrogen content (63%) and the high cost to strip the nitrogen off, no purchasers were found.

I hereby certify that the foregoing is true and obspect Signed Signed	Tide Ch	a More	Date 1-19.95
(This space for Fortral or State office use), Approved by	Title		Date
Conditions of approval, if any:		, BURFAL	N 2 6 ₁₉₉₅

or representations as to any matter within its jurisdiction.

RECEIVED