

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Branco Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Dakota Resources, Inc. 310 W. Wall, Suite 814 Midland, TX 79701		OGRID Number 5691
Reason for Filing Code effective date: 4-6-95 CH		
API Number 30-025-25019	Pool Name Teas Yates Seven Rivers	Pool Code 59090
Property Code 011588 16938	Property Name Wallen Federal	Well Number 5

II. Surface Location

UL or lot no. P	Section 18	Township 20S	Range 34E	Lot Idn P	Feet from the 330	North/South Line South	Feet from the 330	East/West line East	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lac Code F	Producing Method Code P	Gas Connection Date 9/77	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	Texas NM Pipeline Co. P.O. Box 2528 Hobbs, NM. 88241	2593510	O	Sec.20, T20S, R34E Federal #1 Tank Battery
009171	GPM Gas Corp. P.O. Box 5050 Bartlesville, OK. 74005	2593530	G	

IV. Produced Water

POD 2593550	POD ULSTR Location and Description Sec.20, T20S, R34E Salt Water Disposal Well
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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.

Signature: *Chris Morpheus*

Printed name: Chris Morpheus

Title: President

Date: 4-12-95

Phone: 9156870501

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JERRY SEXTON

Title:

DISTRICT I SUPERVISOR

Approval Date:

APR 10 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Signature: *Walter W. Krug*
Previous Operator Signature

Walter W. Krug DBA Wallen Prod. Co. owner/engineer

Printed Name

Title

Date

OGRID # 024540

WITH A COPY TO THE
SOUTH AFRICAN GOVERNMENT

APR 17 1995

RECEIVED

APR 17 1995
OCD HOBBS
OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Walter W. Krug DBA Wallen Production Company		
Address Box 1960 Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____ no change

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wallen Federal	Well No. 5	Pool Name, including Formation Teas, Yates, Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. LC029512A
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>E</u> Line and <u>330</u> Feet From The <u>S</u> Line of Section <u>18</u> Township <u>20</u> Range <u>34</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petro. Co.</u>	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>20</u>
	Twp. <u>20 S</u>	Rge. <u>34 E</u>
	Is gas actually connected? yes	When 10-1978

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Walter W. Krug
(Signature)
Co-owner
(Title)
4-8-1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 17 1980, 19_____
BY Jerry Sexton
Dist 1, Supv.
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply