

TYPE OR PRINT IN BLUE OR BLACK INK. SEE  
RRC WEBSITE FOR FILING INSTRUCTIONS.

RAILROAD COMMISSION OF  
TEXAS  
OIL AND GAS DIVISION

H-10

Return the completed original report to:  
DIRECTOR, Technical Permitting  
Oil and Gas Division  
P.O. Box 12967  
Austin, Texas 78711-2967

**Annual Disposal/Injection  
Well Monitoring Report**

**RRC USE ONLY**

UIC Control No: 000107294  
Type: 1  
DUE DATE: 03/01/2014

1. OPERATOR NAME, exactly as shown on P-5 <b>DAKOTA RESOURCES, INC. (I)</b>				2. OPERATOR P-5 NO. <b>197416</b>		3. RRC DISTRICT NO. <b>08</b>	
4. ADDRESS, including city, state, and zip code  <b>4914 N MIDKIFF RD MIDLAND, TX 79705</b>						5. API NO. <b>42-003-10951</b>	
6. OIL LEASE NO.						8. GAS ID NO.	
7. FIELD NAME, exactly as shown on Proration Schedule						11. WELL NO. <b>2D</b>	
9. LEASE NAME, exactly as shown on Proration Schedule <b>UNIVERSITY EMILIE</b>				10. COUNTY <b>ANDREWS</b>			

12.		13. INJECTION PRESSURE		14. TOTAL VOLUME INJECTED		15. ANNULUS PRESSURE (BETWEEN TUBING AND CASING) [See instructions (item B)]	
MONTH	YR	AVG PSIG	MAX PSIG	BBLs	MCF	# OF READINGS	MIN PSIG
02/2013							
03/2013							
04/2013							
05/2013							
06/2013							
07/2013							
08/2013							
09/2013							
10/2013							
11/2013							
12/2013							
01/2014							

16. Current Injection Interval: FROM:                      ft      TO:                      ft				17. Depth of Tubing Packer:                      ft	
18. Are the injected fluids produced from sources other than your own ? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO				19. Injection through: <input type="checkbox"/> 1. Tubing <input type="checkbox"/> 2. Casing	
20. Type of fluids injected during reporting cycle: <span style="float:right">Total      Anthropogenic</span>					
A Salt Water ____ %   B Fresh Water ____ %   C Fracture Water Flow Back ____ %   D Norm ____ %   E(a) CO2 ____ %   E(a) CO2 ____ %					
F Natural Gas ____ %   G H2S ____ %   H Polymer ____ %   I Steam ____ %   J Air ____ %   K Nitrogen ____ %					
L Other Fluid ____ %   Specify Fluid _____					

This facsimile H-10 was generated electronically from data submitted to the RRC. A certification of the automated data is available in the RRC's Austin office.	Signature: _____
	Name of Person: _____ Phone: _____
	Company: _____ Date: _____