Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals	and Natural Resourc	es WELL API N	May 27, 2004 O.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERV	ATION DIVISIO	30-025-37175	
District III		St. Francis Dr.	5. Indicate Ty	·
1000 Rio Brazos Rd., Aztec, NM 87410 District IV		, NM 87505	STATE	E FEE X Cas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State on &	Coas Lease 140.
	FICES AND REPORTS ON	WELLS	7. Lease Nam	e or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPL	OSALS TO DRILL OR TO DEEP	EN OR PLUG BACK TO	A	
PROPOSALS.)	<u></u>	A C-101) FOR SUCH	T. D. Pope 35	
1. Type of Well: Oil Well X	Gas Well Other			-
2. Name of Operator Platinum Exploration Inc			9. OGRID No 227103	ımber
3. Address of Operator	No.		10. Pool name	e or Wildcat
550 W. Texas, Suite 500 Midland	i, TX 79701 432-687-1664	4	Denton; Devo	nian (16910)
4. Well Location H	1505	North	420	East
	:1505feet from the			
Section 35	Township 14 11. Elevation (Show wh		NMPM Le	ea County
The Development of the Control of th	11. Elevation (Show wh	einer DR, RRB, R1, G 3808' GR	rk, etc.)	
Pit or Below-grade Tank Application				
Pit typeDepth to Ground			Distance from nearest	surface water
Pit Liner Thickness: mi	Below-Grade Tank: Vol	umebl	ols; Construction Materia	il
12. Check	Appropriate Box to Inc	licate Nature of No	otice, Report or Otl	ner Data
NOTICE OF I	NTENTION TO:	I	SUBSEQUENT I	DEDODT OF
PERFORM REMEDIAL WORK		REMEDIAL		-
TEMPORARILY ABANDON	CHANGE PLANS		CE DRILLING OPNS.	
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/C	EMENT JOB	
OTHER:		□ OTHER: (Continue Drilling Opera	tions & complete
13. Describe proposed or com	pleted operations. (Clearly	state all pertinent deta	ils, and give pertinent	dates, including estimated date
of starting any proposed w or recompletion.	ork). SEE RULE 1103. Fo	or Multiple Completio	ns: Attach wellbore di	agram of proposed completion
or recompletion.				
06/29/05-08/03/05 MIRU K	Key. PU Pipe & tag @ 1274	11'-DP. Rotate 12741	-12785 & drill wiper p	lug & cmt. LD & POOH.
MIRU Schlumberger. RIH w/ ECS	5, CBL & CCL and log. PU	CIBP & TIH. Set @	12505'. PU orient wh	ip to UBHO. TIH w/
whipstock. Set wt on whip @ 71.6. & tag @ 13935'. RU Schlumberge	o azm tymed to //azm. Sta	IT milling window at 1	12504' (MD). Drill to	13951'. RD. MIRU PU. RIH
@ 5916'. Mill over top of fish & L	LD swivel. Tag @ 5921', er	ngage fish & POOH.]	RIH & tag @ 12478'.	RU swivel & mill to 12486'
work bulldog bailer, RD swivel & I	POOH. RIH, work OS, did	not engage fish-POOI	H. RIH & tag @ 1248	l'. RU swivel & est circ Mill
to 12485'. RD swivel & POOH. R Set tbg @ 11285'. ND BOP, NU V	U Kotary WL. KIH & set A	ASI pkr @ 11988'. R	D Rotary WL. RU spo	ooler & RIH w/ÆSP pump:
	VIII. REMO.			
				OF CONTROL OF THE PARTY OF THE
				18 69
				(4) The state of t
				To.
I hereby certify that the information				19th 11V/
grade tank has been/will be constructed or	above is true and complete	to the heat of my lime	11111'-C	SPETSING
	above is true and complete r closed according to NMOCD g	e to the best of my kno uidelines , a general per	wledge and belief. I fu	rther certify that any pit or below-
SISTALIONE X JEBUCO	r closed according to NMOCD g	uidelines ∐, a general pe	owledge and belief. I furmit or an (attached) al	ternative OCD-approved plan .
	r closed according to NMOCD g	e to the best of my kno uidelines , a general per	wledge and belief. I fu rmit □ or an (attached) al	rther certify that any pit or below- ternative OCD-approved plan □.
Type or print name Gloria Holcom	Holcomb T	uidelines ∐, a general per ITLEAgent lress: gholcomb@t3w	rmit or an (attached) al	ternative OCD-approved plan .
Type or print name Gloria Holcom For State Use Only	Holcomb T	uidelines ∐, a general per ITLEAgent lress: gholcomb@t3w	rmit or an (attached) al	ternative OCD-approved plan □. DATE 8-8-05
	Holcomb T ab E-mail add	uidelines ∐, a general per ITLEAgent lress: gholcomb@t3w	rmit 🗌 or an (attached) al	ternative OCD-approved plan □. DATE 8-8-05