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Submit 3 Copies To Appropriate District	State of New Me	xico		Form C-103
Office	Energy, Minerals and Natural Resources		May 27, 2004	
<u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240	0.		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	01L CONSERVATION DIVISION		30-025-07291 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE X	
District IV	Santa re, INIVI 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fc, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Rose Eaves	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD			8. Well Number	
			2 9. OGRID Number	
2. Name of Operator Platinum Exploration Inc			227103	
3. Address of Operator			10. Pool name or Wildcat	
550 W. Texas, Suite 500 Midland, TX 79701 432-687-1664			SWD: San Andres – Glorieta (96127)	
4. Well Location				
Unit Letter P				
Section 35	Township 16S Ra 11. Elevation (Show whether DR,		NMPM Lea Count	y National Anna Carlos and
	3695'			
Pit or Below-grade Tank Application] or (Closure 🗌			
Pit typeDepth to Groundwate	erDistance from nearest fresh w	ater well Dist	ance from nearest surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Co	nstruction Material	
12. Check Ap	opropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INT		SUB	SEQUENT REPORT	
		REMEDIAL WOR		
	CHANGE PLANS			_
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ	_
OTHER: Comply with Order SWI	D-955 🕅 🕅	OTHER:		
13. Describe proposed or comple	ted operations. (Clearly state all r	pertinent details, and	f give pertinent dates, includ	ding estimated date
of starting any proposed work or recompletion.	c). SEE RULE 1103. For Multipl	e Completions: At	tach wellbore diagram of pr	oposed completion
Dropond operations to some humith A	desinistanting and a CNUD OFF D			
Proposed operations to comply with A contain injection fluids to the required	injection interval from 4812' to 7	e-entering subject w 800': from the top of	vell and setting 7 7/8" openh	ole plugs to
plug from 10,600' to 10,500', 8500'-8	400', and 150 sx plug from 8,000'	to 7,700' and dress	sed off to 7,800'.	· · · · · · · · · · · · · · · · · · ·
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I hereby certify that the information ab	ove is true and complete to the be	st of my knowledge	e and belief. I further certify t	hat any pit or below-
grade tank has been/will be constructed or clo)-approved plan [_].
SIGNATURE / Loua H	olcomb	_Agent	DATE	09/07/05
Type or print name Gloria Holcomb	E-mail address: gho	olcomb@t3wireless	.com Telephone No. 43	2-687-1664
For State Use Only	1. 1. OC FIE	LD REPRESENTLA	IVE II/STAFE MANAPASE	
APPROVED BY: Klough	JULIP TITLE		ITE III DIALE WONDARD	+ U 711115
Conditions of Approval (if any):			Case 14380)
			OCD Exhibit	t 6

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