Submit 3 copies to Appropriate District Office <u>DISTRICT I</u> 1625 N. French Dr., Hobbs NM 88240 <u>DISTRICT II</u> 1301 W. Grand Avenue, Artesia NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec NM 87410	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Leas	30-025-32255 5. Indicate Type of Lease			
DISTRICT IV	Santa Fe, New Mexico 87504-2088				6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				VB-01	VB-0134		
SUND (DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE " APPL PROPOSALS.)	7. Lease Name or Unit <i>i</i>	Agreement Name					
1. Type of Well:	Kiwi AKX	Kiwi AKX State					
Oil Well X Gas Well	Other						
2. Name of Operator	8. Well No.						
Yates	9	9					
3. Address of Operator 105 S		9. Pool Name or Wildcat East Livingston Ridge Delaware					
4. Well Location		•					
Unit Letter <u>A</u> : <u>330</u>	feet from the Norf	th line and	330	feet from the	ast_line		
Section 16 To	ownship 22S Rar	nge 32E	NMPM	County	Lea		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3781' GR							
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO: SUBSEQUEN				ENT REPORT OF:			
	PLUG AND ABANDON	REMEDIAL V	VORK	ALTERING CASING			
	CHANGE PLANS	COMMENCE	DRILLING OPNS.	PLUG AND ABANDONMENT			
PULL UR ALTER CASING I I		CASING TES	ST AND CEMENT JOB				
OTHER:		OTHER:					

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Propose to temporarily abandon well as follows:

- 1) Set CIBP @ 6909' and dump 35' cement on top.
- 2) Circulate hole with inhibited fluid.
- 3) Test casing to 500 psi for 15 minutes. Record results.



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Thereby certify that the in	tormation above a true and cor	nplete to the	best of my knowledge and belief.		
	ra David		Regulatory Compliance Technician	DATE	11/24/03
Type or print name	Stormi Davis			Telephone No.	505-748-1471
(This space for State use)		ICD DV			
APPROVED BY		ORIGINAL SIGNED BY		DATE DEC 0 1 2003	
Conditions of approval, if any	OC DISTRICT S	UPERVISO	r/general manager		