

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

**DENIED**

WELL API NO.	30-015-10472
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LC-062029
7. Lease Name or Unit Agreement Name	BRAINARD
8. Well Number	007
9. OGRID Number	036990
10. Pool name or Wildcat	Turkey Track 7 RVS QN SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3433' KB	

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
TANDEM ENERGY CORPORATION

3. Address of Operator  
2700 Post Oak Blvd. Ste 1000 Houston, Texas 77056

4. Well Location  
 Unit Letter N : 5 feet from the S line and 1325 feet from the W line  
 Section 34 Township 18S Range 29E NMPM County EDDY

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

**DENIED**

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  
 Rigged up pulling unit on well to repair leak in tubing. Pulled rods, pump and tubing out of the hole. Pressure tested tubing going in the hole. Replaced joints that did not hold pressure with new joints. Ran pump and rods. Spaced rod pump out. Hooked up pumping unit. Restored well to production.

*THIS IS AN INJECTION WELL, NOT A PRODUCER*  
*- NO LOGS IN WELL*  
*- LAST REPORTED INJECTION 10/1/2011*  
*- NO MIT TEST AFTER WORKOVER - OED NOT NOTIFIED.*  
*- NO SUNDRY TO CONVERT TO PRODUCER*  
*RE/ 4/11/13*

**RECEIVED**  
 APR 09 2013  
 NMOCD ARTESIA

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rusty Arnold TITLE Production Engineer DATE 4/5/2013

Type or print name Rusty Arnold E-mail address: rarnold@platenergy.com PHONE: 713-364-7822

**For State Use Only**

APPROVED BY: **DENIED** TITLE **DENIED** DATE 9/11/2013  
 Conditions of Approval (if any):