Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-10 Revised July 18, 20	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.		
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		<u>30-015-10412</u> 5. Indicate Type of Lease	\neg	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	Prozo Rd. Aston NM 97410		STATE FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(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.)			8. Well Number	-
1. Type of Well: Oil Well Gas Well Other TNJECTION 2. Name of Operator			8. Well Number	
Tandem Energy Corporation			236183	
3. Address of Operator 2700 Post Oak Blvd, Ste. 1000, Houston, Tx 77056			10. Pool name or Wildcat	
4. Well Location			Turkey Track	
Unit Letter Lot 3: 5 feet from the South line and 1325 feet from the West line				
Section 34 Township 185 Range 29E NMPM County Eddy				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	<u> </u>	2		
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			— — —	<u>ן</u>
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				J
		CASING/CEMEN		
	н Н	071155	_	-
OTHER: 13. Describe proposed or com	pleted operations. (Clearly state all r	OTHER:	d give pertinent dates, including estimated d	<u> </u>
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
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 MIRU pulling unit. Release packer and POOH w/ tubing. 				
3) While packer is being re-dressed, GIH to ensure no fill. Clean out to PBTD. NM OIL CONSERVATION				
4) GIH with packer and pressure test the tubing.			ARTESIA DISTRICT	
5) Set packer and pressure test backside to ensure no casing leak.			JAN 26 2015	
6) RDMO pulling unit.7) Schedule witnessed pressure test to satisfy requirements of testing the packer after a workover and the Five Year				
Pressure Test requirement CONNET COST TO WIT NETS. RECEIVED				
8) Return the well to wate	r injection service.			
			X	
		r		
Spud Date:	Rig Release Da	ate:		
L				
Lhereby certify that the information	above is true and complete to the b	est of my knowledg	e and belief	
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SIGNATURE J. COCKELT TITLE Regulatory Specialist DATE 1/20/2015				
SIGNATURE DATE 1/20/2015				
Type or print name L. Kiki Lockett E-mail address: _kikil@triple5energy.com PHONE: _7139877326 For State Use Only E-mail address: _kikil@triple5energy.com PHONE: _7139877326				
APPROVED BY: <u>Julian</u> Nue TITLE <u>Comparantes Offices</u> DATE 2/3/15 Conditions of Approval (if any):				