Form 3160-5 (April 2004)

1. Type of Well

3a. Address

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OI**

|        | BUKEAU OF | LAND | MANAGEME | ИÏ | IMI | 122 |
|--------|-----------|------|----------|----|-----|-----|
| SUNDRY | NOTICES   | AND  | REPORTS  | ON | •   |     |

3b. Phone No. (include area code)

TYPE OF ACTION

432-686-7136

Deepen

→ Plug Back

Fracture Treat

New Construction

Plug and Abandon

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,

Gas Well □□

Acidize

Alter Casing

Casing Repair

Convert to Injection

Change Plans

| OCD-ARI                                                        | FURM APPROVED                                                                                                                                                                                                                                                       |  |  |  |  |  |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 1AY 12 2009                                                    | OM B No. 1004-0137<br>Expires: March 31, 2007                                                                                                                                                                                                                       |  |  |  |  |  |
| , 2 2008<br>L <b>S</b>                                         | S. Lease Serial No.     NM-0557729      G. If Indian, Allottee or Tribe Name                                                                                                                                                                                        |  |  |  |  |  |
| ter an<br>osals.                                               |                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| e side.                                                        | 7. If Unit or CA/Agreement, Name and/or No.                                                                                                                                                                                                                         |  |  |  |  |  |
|                                                                | 8. Well Name and No.                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                | Sun Fed. 1 9. API Well No.                                                                                                                                                                                                                                          |  |  |  |  |  |
| rea code)                                                      | 30-015-05770  10. Field and Pool, or Exploratory Area Hackberry Yates SR, N                                                                                                                                                                                         |  |  |  |  |  |
|                                                                |                                                                                                                                                                                                                                                                     |  |  |  |  |  |
|                                                                | 11. County or Parish, State                                                                                                                                                                                                                                         |  |  |  |  |  |
|                                                                | Eddy, NM                                                                                                                                                                                                                                                            |  |  |  |  |  |
| OF NOTICE, RI                                                  | EPORT, OR OTHER DATA                                                                                                                                                                                                                                                |  |  |  |  |  |
| OF ACTION                                                      |                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| Production (Star                                               | rt/Resume) Water Shut-Off Well Integrity                                                                                                                                                                                                                            |  |  |  |  |  |
| Recomplete                                                     | Other                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Temporarity Ab Water Disposal                                  | andon                                                                                                                                                                                                                                                               |  |  |  |  |  |
| and measured and truent BLM/BIA. Require in or recompletion in | by proposed work and approximate duration thereof, e vertical depths of all pertinent markers and zones, and subsequent reports shall be filed within 30 chys in a new interval, a Form 3160-4 shall be filed once atton, have been completed, and the operator has |  |  |  |  |  |
| A                                                              | CCEPTED FOR RECORD                                                                                                                                                                                                                                                  |  |  |  |  |  |
|                                                                | MAY 1.0 2000                                                                                                                                                                                                                                                        |  |  |  |  |  |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and t Attach the Bond under which the work will be performed or provide the Bond No on file with BLM/BIA. Requi following completion of the involved operations. If the operation results in a multiple completion or recompletion testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclai determined that the site is ready for final inspection.)

Place well back on production 4-2-09

2. Name of Operator Tandem Energy Corporation

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

P.O. Box 1559, Midland, TX 79702

Unit F. 1980' FNL & 1980' FWL

See 20, T19S-R31E

\_\_ Notice of Intent

\_\_\_Subsequent Report

\_\_ Final Abandonment Notice

TYPE OF SUBMISSION

1.2 BO daily, 2 BW, no measurable gas

0 2009 BURZAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)                                                                                                                                                                       |                 |                                                       |                                       |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------|---------------------------------------|--|--|--|--|
| Rumaldo Hinojosa                                                                                                                                                                                                                                       |                 | Title Field Superintendent                            |                                       |  |  |  |  |
| Signature Lumaldo Linirose                                                                                                                                                                                                                             | Date            | 4-30-2009                                             |                                       |  |  |  |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                             |                 |                                                       |                                       |  |  |  |  |
| Approved by                                                                                                                                                                                                                                            |                 | Title                                                 | Date                                  |  |  |  |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject least which would entitle the applicant to conduct operations thereon. |                 | Office                                                |                                       |  |  |  |  |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any pates any false, fictitious or traudulent statements or representations as to any matter                                                                        | erson<br>within | knowingly and willfully to make to a its jurisdiction | ny department or agency of the United |  |  |  |  |

(Instructions on page 2)

