Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District 1 - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
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	30-005-20403
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FED
1000 Rio Brazos Rd., Aztec, NM 87410 District IV (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	·	o. State on a cus sease 110.
87505	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name of Onit Agreement Name
DIFFERENT RESERVOIR. USE "APPL	LICATION FOR PERMIT" (FORM C-1) PORTES CHOD	Federal 21 -
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2. Name of Operator	JAN 2 3 2015	9. OGRID Number
Tandem Energy Corporation	JAN & 3. CUIJ	236183
3. Address of Operator		10. Pool name or Wildgat
2700 Post Oak Blvd. Ste. 1000, H	louston, TX 77056 RECEIVED	Vest Ranch
4. Well Location		
Unit Letter 0:330 feet from the South line and 2310 feet from the EAST line		
Section 21 Township 45 Range 30F NMPM County Chavez		
And the second s	11. Elevation (Show whether DR, RKB, RT, GR, etc.)
	4290	
	•	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	- · · · · · · · · · · · · · · · · · · ·	
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILLING OPNS. P AND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		IT JOB L
CLOSED-LOOP SYSTEM	- I	
OTHER:	OTHER:	
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.		
taul	1 11 1 NO 200 of Later Days	11/10/2011 - 1 11/1 - 11
TANdem respectfully request to temporarily Abandon this well.		
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OCD for RECORD ONLY. All Federal		
forms require BLM APPROVAL.		
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Spud Date:	Rig Release Date:	
I hereby certify that the information	on above is true and complete to the best of my knowled	ge and belief.
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SIGNATING #	O COO TT TITLE Regulatory Specialist	DATE 12/02/2014
SIGNATURE	TITLE Regulatory Specialist	DATE12/02/2014
Type or print nameL. Kiki Loc	kett E-mail address: kikil@t5ener	gy.com PHONE: 713-987-7326
For State Use Only		1147411000
	Accepted for Record Only	
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	MAR 1/26/2015	•
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