Submit 1 Copy To Appropriate District Office	State of New Mexico				Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources			THE LANGE	October 13, 2009
1625 N French Dr , Hobbs, NM 88240 District II	\			WELL API NO. 30-015-01349 ,	
1301 W Grand Ave, Artesia, NM 88210				5. Indicate Type of Leas	e
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.			STATE 🖂	FEE
District IV	Santa Fe, NM 87505			6. State Oil & Gas Lease	No.
1220 S St Francis Dr, Santa Fe, NM 87505		*		K-470	
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM PROPOSALS.)			ВАСК ТО А	7. Lease Name or Unit Agreement Name READ STATE	
DIFFERENT RESERVOIR USE "APPLIC. PROPOSALS.)	ATION FOR PERMIT" (FORM	PE(FIVED	8. Well Number 001	
1. Type of Well: Oil Well 🔯 (Gas Well Other				
2. Name of Operator	OM.	JAN	20 2010	9. OGRID Number	
TANDEM ENERGY CORPORATI 3. Address of Operator	ON	ALBACO	DADTECIA	236183 10. Pool name or Wildca	nt
11490 WESTHEIMER RD, STE. 10	000 HOUSTON, TX 770	INMOC	D ARTESIA	RED LAKE;QUEEN-GI	
4. Well Location					
	980 feet from the	NORTH	line and	660 feet from the E	EAST line
Section 11 Townsh		_NORTH 28E	NMPM	EDDY County	1110
Section 11 Township	11. Elevation (Show whe				
		,			
. 10 Cl 1 A	'	· 4 NT-4	CNI	D O4b D-4-	
	ppropriate Box to Ind	icate Nat	·	•	
NOTICE OF IN				SEQUENT REPORT	
PERFORM REMEDIAL WORK		声 し ん	REMEDIAL WORK COMMENCE DRII		RING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL		COMMENCE DRI	LLING OPNS.	A 🗆
DOWNHOLE COMMINGLE	MOETIFEE COMPE		AOINO/OLIVIEN	willy OCD 24 hr	S. Drior
DOWNING CO.				Volly OCD 24 hr To any work do	שרו אווטו
OTHER:		<u> </u>			
13. Describe proposed or completed of starting any proposed wor proposed completion or reco	k). SEE RULE 19.15.7.1				
proposed completion or reco	impletion.				
1 RIH WITH CIBP SET @ 1340'-RIH C Perf. 4 Squ7. Q 680'-K	IRCULATE PLUGGING MUD	- SPOT 35'	OF CEMENT ON TO	OP Cc mx. 730-630	' was Tag.
2 PERF @ 383' - PUMP 35 SACKS - TA	G		:		
3 PERF AND CIRCULATE 25 SACKS F	ROM 60' TO SURFACE				
4 CUT OFF WELL HEAD AN ANCHORS	5 - INSTALL PA MARKER - LI	EVEL LOCA	IION		
Spud Date:	Rig Re	elease Date:			`
I hereby certify that the information a	bove is true and complete	to the best	of my knowledge	e and belief.	
\cap					
SIGNATURE L	TITLE	1	In Jan	la Coma DATE /	-18-2010
	- III	Lyme	June June	- Charge of the	Rumaldo Hinoissa
Type or print name Jerri	ennings E-mai	l address:		len CrergyDATE /- PHONE:	325-575-0705
For State Use Only		-			
ADDROVED BY MILLI	, /			n i mn	1/20 /20 10
APPROVED BY:	TITLE		,	DATE/	1-2/2010
Conditions of Approval (if any):		App	roval Granted prov	riding work	
		is c	omplete by 3/2	22/20/0	
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