| TED                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N.M. Oil                                                                                                                                                                                                                                        | Cons. DIV                                                                                                      | -Dist. 2                                                                                                      |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Form 3160-5 DEI                                                                                                                                                                                                                                                                                                                                                                                                                                              | UNITED STATES OF THE PARTMENT OF THE MANAGEMENT OF LAND MANAGEMENT                                                                                                                                                                              | /. Grand A<br>ia NM 88                                                                                         | venue                                                                                                         | FORM APPROVED OMB No 1004-0135 Expires March 31, 2007 |
| SEP RESENDRY NO                                                                                                                                                                                                                                                                                                                                                                                                                                              | TICES AND REPORTS ON \                                                                                                                                                                                                                          | WELLS                                                                                                          | M Mase S                                                                                                      | Serial No.                                            |
| N.M. Oil Cons. DIV-Dist. 2  UNITED STATES ON W. Grand Avenue  DEPARTMENT OF THEIR ON W. Grand Avenue  BUREAU OF LAND MANAGEMENT  ATTESIA, NM 88210  Do not use this form for proposals to drill or re enter an abandoned well. Use Form 3160-3 (APD) for such proposals.                                                                                                                                                                                     |                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                               | 34972a<br>, Allottee or Tribe Name                    |
| NMC                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                               |                                                       |
| SUBMIT IN TRIPLI                                                                                                                                                                                                                                                                                                                                                                                                                                             | ICATE - Other instruction                                                                                                                                                                                                                       | s on reverse sic                                                                                               | 7. If Unit o                                                                                                  | r CA/Agreement, Name and/or No                        |
| Oil Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                               | ime and No                                            |
| 2. Name of Operator TANDEM ENERGY CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                               | lake tr # 1C                                          |
| 3a Address 3b Phone No. (include area code)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                 |                                                                                                                | ·                                                                                                             |                                                       |
| 11490 WESTHEIMER, STE 1000 HOUSTON, TX 77077 325-573-0705  4. Location of Well (Footage, Sec., T., R, M., OR Survey Description)                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                 |                                                                                                                | 10. Field a                                                                                                   | and Pool, or Exploratory Area                         |
| 1980' FNL, 330' FWL, SEC 27 T15S, R29E                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                               | D, NM                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 | ATE NATURE OF                                                                                                  | NOTICE REPORT (                                                                                               | OR OTHER DATA                                         |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                               | JK OTTILIK DITTI                                      |
| TITE OF SODIMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE OF ACTION                                                                                                                                                                                                                                  |                                                                                                                |                                                                                                               |                                                       |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Acidize                                                                                                                                                                                                                                         | Deepen                                                                                                         | Production (Start/Resum                                                                                       | c) Water Shut-Off                                     |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                             | Alter Casing                                                                                                                                                                                                                                    | Fracture Treat                                                                                                 | Reclamation                                                                                                   | Well Integrity                                        |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                            | Casing Repair                                                                                                                                                                                                                                   | New Construction                                                                                               | Recomplete                                                                                                    | Other                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Change Plans                                                                                                                                                                                                                                    | Plug and Abandon                                                                                               | Temporarily Abandon                                                                                           |                                                       |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                     | Convert to Injection                                                                                                                                                                                                                            | Plug Back                                                                                                      | Water Disposal                                                                                                |                                                       |
| If the proposal is to deepen directionally or recivation to the work will be following completion of the involved operations testing has been completed. Final Abandoning determined that the site is ready for final inspection of the involved operations that the site is ready for final inspection.  8/3/10 SET CIBP @ 1693' SPOT 2 8/4/10 PERF AND SPOT 35 SACK 8/5/10 PERF AND SPOT 35 SACK 8/5/10 PERF @ 60' CIRCULATE 1 CUT OFF WELLHEAD, INSTALL F | performed or provide the Bond No on file If the operation results in a multiple complent Notices shall be filed only after all requiction.)  S SACKS ON TOP - CIRCULATE S @ 1247' - TAG 1132' S @ 353' - TAG 335' SPOT 10 S TO SACKS TO SURFACE | with BLM/BIA Required s pletion or recompletion in a irrements, including reclama  E PLUGGING MUD  ACKS ON TOP | ubsequent reports shall be filed w<br>new interval, a Form 3160-4 shall<br>tion, have been completed, and the | ithin 30 days be filed once e operator has            |
| 14 I hereby certify that the foregoing is true                                                                                                                                                                                                                                                                                                                                                                                                               | and correct                                                                                                                                                                                                                                     | <u> </u>                                                                                                       |                                                                                                               |                                                       |
| Name (Printed/Typed) MARK HOSKINS                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                 | Title AGEN                                                                                                     | NT                                                                                                            |                                                       |
| Signature MbL 1                                                                                                                                                                                                                                                                                                                                                                                                                                              | He                                                                                                                                                                                                                                              | Date Augus                                                                                                     | st 20, 2010                                                                                                   |                                                       |
| Facilities and the second                                                                                                                                                                                                                                                                                                                                                                                                                                    | THIS SPACE FOR FE                                                                                                                                                                                                                               |                                                                                                                |                                                                                                               | Carlos Carlos                                         |
| Approved by /S/ DAVIC                                                                                                                                                                                                                                                                                                                                                                                                                                        | ) R. GLASS_                                                                                                                                                                                                                                     | Title                                                                                                          | TROLEUM ENGINEE                                                                                               | R Date SEP 0 1 2010                                   |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct                                                                                                                                                                                                                                                                                                                     | uitable title to those rights in the subje                                                                                                                                                                                                      |                                                                                                                | ROSWELL FIELD OF                                                                                              | PICE                                                  |
| Title 18 U.S.C Section 1001 and Title 43 U. States any false, fictitious or fraudulent state                                                                                                                                                                                                                                                                                                                                                                 | · ·                                                                                                                                                                                                                                             |                                                                                                                | nd willbully to make to any dep                                                                               |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 | , , ,                                                                                                          | to plugging of the                                                                                            | N-W                                                   |

APPROVED FOR 6 MONTH PERIOD ENDING FEB 0 5 2011

Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed.

