Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECD DEC 28 2010

FORM APPROVED OMB No. 1004-0135

SUNDRY NOTICES AND R	EDORTS ON WEL	an.	DTTTTK
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Expires March 31, 2007

SUNDRY NO Do not use th abandoned well	5. Lease Serial No. nm 02573#3A 6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLI	7. If Unit or CA/Agreement, Name and/or No.			
Type of Well	NM 71043X			
X Oil Well Gas	8. Well Name and No.			
2. Name of Operator		SQUARE LAKE 12 UNIT # 108		
TANDEM ENERGY CORPORA	9. API Well No.			
3a. Address	30-015-02968 -			
11490 SESTHEIMER, STE 1000 HC 4. Location of Well (Footage, Sec., T., R., M.,	10. Field and Pool, or Exploratory Area			
4. Location of well (Footage, Sec., F., R., IVI.,	EDDY CO, NM			
1980' FWL, SEC1	EDD I GO, NIW			
	RIATE BOX(ES) TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA		
PYPE OF SUBMISSION	TYPE OF ACTIO	N		
If the proposal is to deepen directionally or rec Attach the Bond under which the work will be following completion of the involved operations	Alter Casing Fracture 'Freat Reclama Casing Repair New Construction Recomp Change Plans X Plug and Abandon Tempor Convert to Injection Plug Back Water Examples to the injection Plug Back Recomp Water Examples to the injection Plug Back Required and true vertical depths of the performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports if the operation results in a multiple completion or recompletion in a new interval, a F-	Other Other Oisposal Indiapproximate duration thereof, all pertinent markers and zones, as shall be filed within 30 days. Orm 3160-4 shall be filed once		
determined that the site is ready for final inspec	2520' - (TAG) @ 2321' - CIRCULATE PLUGGING MUD SK @ 1053' - (TAG) @ 891' KS @ 638' (TAG) @ 489'	RECEIVED JAN 24 2011 NMOCD ARTESIA		

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

Reclamation Due 6-9-11							
14. I hereby certify that the foregoing is true and correct							
Name (Printed/Typed)	į		· '	-d-L	2 124	0	
Name (Printed/Typed) Susan Felice Hy	Title	Trodu	x von	MAN	egulat	of men	M 500 273
Sur Idia He		1 11-0		FILLI	EPIEDI	UX KLU	UKD
Signature Susan June	Date	1-9-2	0//	1			=
THIS SPACE FOR	R FEDERAL O	R STATE OFFI	CE USE				
Approved by		Title			JAN Date	4 2011	
Conditions of approval, if any, are attached. Approval of this notice does n certify that the applicant holds legal or equitable title to those rights in the which would entitle the applicant to conduct operations thereon.	subject lease	Office		RIIE	FAIL DE LAN	D MANACENAG	<u> </u>
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crim	ne for any person	knowingly and wi	libully to make t	o any depart	ment or agency	fthe United	 1
States any false, fictitious or fraudulent statements or representations as to a	ny matter within i	ts jurisdiction			OHILODAD L	ICLU UFFICE	

CUT OFF WELLHEAD, INSTALL PA MARKER, CUT OFF ANCHORS, COVER CELLAR, CLEAN LOCATION, & MOVE OUT