Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-015	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Typ	
<u>District III</u> – (505):334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE
District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & 0	Gas Lease No.
220 S. St. Francis Dr., Santa Fe, NM		E	-7640	
87505 SUNDRY NOTIO	CES AND REPORTS ON WEI	LLS		or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS	ALS TO DRILL OR TO DEEPEN OR	PLUG BACK TO A	10111	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Uld L	OCO UNIT
	Gas Well 🔲 Other		8. Well Number	er # 005
2. Name of Operator			9. OGRID Nur	mber
Tandem Energy Corporation			236183	
3. Address of Operator			10. Pool name	
2700 Post Oak Blvd, Ste. 1000, Houston, Tx 77056			GRAYD	urg-Jackson
4. Well Location	0210	, 1	000	J
•	2310 feet from the N_0			rom the West line
Section 32		Range 29E	NMPM	County Eddy
	11. Elevation (Show whether		.)	
	$=$ $\mathcal{A}\varphi$	18GK		
	appropriate Box to Indicate		Report or Othe	
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN				P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				_
DOWNHOLE COMMINGLE		,		
CLOSED-LOOP SYSTEM	\checkmark			
OTHER:	Classic of	OTHER:		
13. Describe proposed or complete of starting any proposed wo proposed completion or reco	rk). SEE RULE 19.15.7.14 NN		ompletions: Attacl	
 MIRU pulling unit. 				
2) Release packer and POOI	H w/ tubing.			JAN 26 2015
3) While packer is being re-dressed, GIH to ensure no fill. Clean out to PBTD.				
4) GIH with packer and pressure test the tubing. RECEIVED				
5) Set packer and pressure test backside to ensure no casing leak.				
6) RDMO pulling unit.		_		
7) Schedule witnessed pres	sure test to satisfy requirem	ents of testing the p	acker after a wo	rkover and the Five Year
Pressure Test requirement	nt.			CRIMOCI
8) Return the well to water	injection service.	rell needs	ME I PE	Mounder
	1 . 2 2000	a locad alua	0 G25-	748-1283/107
	ONECT. K	ici coc sing		nformed 748-1283/107
Spud Date:	Rig Release	e Date:		
<u> </u>				
I hereby certify that the information	above is true and complete to the	e best of my knowled	ge and belief.	
$\mathcal{N} = \mathcal{N}$	1 -			
SIGNATURE TITLE Regulatory Specialist DATE 1/20/2015				
	111111111111111111111111111111111111111	and population		120/2010
Type or print nameL. Kiki Lock	ett E-mail addı	ess: <u>kikil@triple5en</u>	ergy.com F	PHONE:7139877326
For State Use Only				
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APPROVED BY: // / Conditions of Approval (if any):	COOL TITLE D	IST SEPON	USST I	DATE 2/3/2015