Submit 5 Copies 10 Appropriate District Office	State of New Mexico		MAR 2 3 2009	Form C-103 RM June 19, 2008
District I 1625 N French Dr. Hobbs, NM 88240 District II	Energy, Minerals and Natural Resources		WELL API NO. 359	
1301 W Grand Ave , Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE State Oil & Gas Lease	FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	·			No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)			7. Lease Name or Unit Agreement Name BGSAU-NM68291X	
1. Type of Well: Oil Well  Gas Well  Other			8. Well Number 26-5	
2. Name of Operator			9. OGRID Number	
Tandem Energy Corporation			10 P-1 Wild-	_
3. Address of Operator P.O. Box 1559, Midland, TX 79702-1559			10. Pool name or Wildcat Loco Hills QU-GB-SA	
4. Well Location				
Unit Letter M :_	511feet from the _South	line and <u>39</u>	feet from the <u>W</u>	estline
Section 4	Township 18S	Range 29E	NMPM Eddy	County
	11. Elevation (Show whether DR, 3535'	, RKB, RT, GR, etc.	) who have a second	and the second
12. Check A	appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DR CASING/CEMEN	ILLING OPNS.⊠ P AND	RING CASING 🔲
OTHER:		OTHER:		
13. Describe proposed or compl	eted operations. (Clearly state all prk). SEE RULE 1103. For Multip	pertinent details, an		
12/13/07 – Spud 12-1/4" hole, ran 8 j 2/14/08 – TD'd well at 3409'. Plug b 2/15/08 – Ran 96 jts of 5-1/2" 17# FB 2/16/08 – Rig Released	back TD at 3100'.		Class C cmt, TOC @ surf	
			-	
Spud Date: 12-13-08	Rig Release Da	2/16/08		
I house your for that the 2.55 areas	shows to the constitution of	oot of m l 1 - 1	ond balisf	
I hereby certify that the information a		est of my knowledg	ge and belief.	
SIGNATURE COMPANY TITLE Eng. Tech			DATE 3/18/	3/6
Type or print name <u>Tammy Adair</u> For State Use Only	E-mail address:		PHONE: <u>432</u> -	686-7136
APPROVED BY:  Conditions of Approval (if any):	W HOONES TITLE (	Leipober	DAT <b>E</b> M <b>∆</b> ĵ	<b>2 3</b> 2009

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