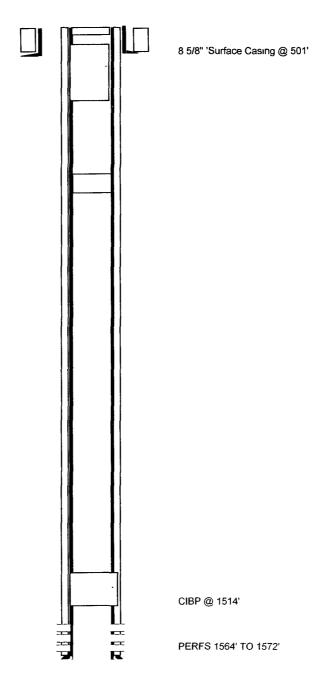
Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 October 13, 2009		
1625 N French Dr , Hobbs, NM 88240			WELL API NO.		
District II 1301 W Grand Ave, Artesia, NM 88210			30-015-01308 5. Indicate Type of Lease		
<u>District III</u> 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE		
<u>District IV</u> 1220 S St Francis Dr , Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease 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 EAST RED LAKE UNIT		
1. Type of Well: Oil Well Gas Well Other		8. Well Number 001X			
2. Name of Operator TANDEM ENERGY CORPORATION			9. OGRID Number 36990		
3. Address of Operator 11490 WESTHEIMER RD, STE. 1000 HOUSTON, TX 77077			10. Pool name or Wildcat RED LAKE; QUEEN-GRAYBURG, EAST		
4. Well Location					
Unit Letter H: 1980 feet from the NORTH line and 660 feet from the EAST line					
Section 2 Township 17S Range 28E NMPM EDDY County					
	11. Elevation (Show whether DR,	RKB, RT, GR, etc	:.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
			SSEQUENT REPORT OF: RK □ ALTERING CASING □		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON			RILLING OPNS ☐ PAND A	ASING [
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			ш		
DOWNHOLE COMMINGLE					
OTHER		OTHER:		П	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
1 RIH WITH CIBP SET @ 1514' - RIH CIRCULATE PLUGGING MUD - SPOT 35' OF CEMENT ON TOP					
2 PERF @ 551' - PUMP 40 SACKS - TAG					
3 PERF @ 250' – PUMP 35 SACKS – TAG					
5. PERF AND CIRCULATE 25 SACKS FROM 60' TO SURFACE					
6 CUT OFF WELL HEAD AN ANCHORS - INSTALL PA MARKER - LEVEL LOCATION					
Spud Date:	Rig Release Da	ite.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE MAL MA	TITLE a	gant	DATE 2/2	5/10	
Type or print name	E-mail address	7 ::	PHONE:		
For State Use Only	$L\Omega$		/)	
APPROVED BY:	TITLE_		DATE_ 2/2	25 pald	
Conditions of Approval (if any):	Approval (if any): Approval Granted providing work is complete by				

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EAST RED LAKE UNIT # 1X API # 30-015-01298

• J

60' plug 0' to 60' Tag



Hole TD 1640' 4 1/2"

Company Name: Representative

Phone