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 <u>District II</u> – (575) 748-1283	ON GOVERNMENT		WELL API NO. 30-005-20384
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE   FEE   FED
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	7505		
	CES AND REPORTS ON WEL		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC."			1.10 M
PROPOSALS.)	<u></u>	MAGGARA	8. Well Number
	Gas Well Other	MUDDOUGO	100 d /
2. Name of Operator Tandem Energy Corporation	_	IAN 2 3 2015	9. OGRID Number 236183
3. Address of Operator		TVM 3 2 COLD	10. Pool name or Wildcat
2700 Post Oak Blvd. Ste. 1000, Hou	ıston, TX 77056		Vest Romach
4. Well Location		RECEIVED	VEST NOVICE
Unit Letter J: 2310 feet from the South line and 2310 feet from the EAS+ line			
Section 28		Range $30\overline{E}$	NMPM County Chaves
and the state of t	11. Elevation (Show whether L		
and the second of the second o	3	892	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING			
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM  OTHER:		OTHER:	
	eted operations. (Clearly state a		d 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.			
Tandem respectfully request to temporarily Abardon this well.			
The off facility of the			
this woll			
OCD for RECORD ONLY. All Federal			
		forms require	BLM APPROVAL.
			•
Spud Date: 7 - 15 - 7	Rig Release	Date: Q - 7	6-71
1= 155		, ,	<u> </u>
I hereby certify that the information a	bove is true and complete to the	best of my knowledg	e and belief.
0 0			1/16/15
CHONGE THE HOLD	and the same of		, ,,,
SIGNATURE L. ZOCK	TITLE Re	gulatory Specialist	DATE 1 <del>2/02/2014</del>
Type or print name <u>L. Kiki Locket</u>	E-mail add	ress: <u>kikil@t5energ</u>	gy.com PHONE: 713-987-7326
For State Use Only	D man add		
Accorded for Paccard Only			
APPROVED BY:			DATE
Conditions of Approval (if any):	MAB 1/24/	2015	JAN 2 6 2015 (