| Submit I Copy To Appropriate District Office   | State of New Mexico   |   | Form C-103                |                     |
|--|---|---|---------------------------|---------------------|
| District 1 (575) 393-6161  | Energy, Minerals and Natural Resources                                |   | Revised July 18, 2013     |                     |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II - (575) 748-1283  |   |   | WELL API NO               | 15-02234            |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION   |   | 5. Indicate Type of Leas  | J 10007             |
| District III ~ (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Francis Dr.  |   | STATE                     | FEE D FED           |
| District IV (505) 476-3460   | Santa Fe, NM 87505  |   | 6. State Oil & Gas Lease  | No.                 |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |   |   |                           | ,                   |
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |   | 7. Lease Name or Unit A   | greement Name       |
| (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 SECOND  |   |   | <b> </b>                  | ī i                 |
| DIFFERENT RESERVOIR. USE "APPL<br>  PROPOSALS.)  | LICATION FOR PERMIT" (FORM C-101) FOR SWEETS (JCD)                    |   | Castus Federal            |                     |
| 1. Type of Well: Oil Well  | Gas Well 🔲 Other  |   | 8. Well Number            | )a'' /              |
| 2. Name of Operator  |   | JAN 2 3 2015                                    | 9. OGRID Number           |                     |
| Tandem Energy Corporation  |   | ``  | 236183                    |                     |
| 3. Address of Operator   |   |   | 10. Pool name or Wilder   | ıt .                |
| 2700 Post Oak Blvd. Ste. 1000, H   | ouston, 1X 77056  | RECEIVED  | Pear (                    | ducen               |
| 4. Well Location   | 1 / 0   | . 1   | 0.00                      |                     |
| Unit Letter : 1000 feet from the NORL line and 1980 feet from the Wesk line  |   |   |                           |                     |
| Section  | $O(\varphi)$ Township $QOS$   | Range 35E                                       | NMPM Coun                 | y Lea               |
|  | 11. Elevation (Show whether D   |   | )                         |                     |
|  | 1 368   | <u>'                                    </u>    | <u> </u>                  |                     |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |   |   |                           |                     |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |   |   |                           |                     |
| PERFORM REMEDIAL WORK  | — ) — — — — — — — — — — — — — — — — — —                               |   |                           |                     |
| TEMPORARILY ABANDON X  |   |   |                           |                     |
| PULL OR ALTER CASING   | -   | CASING/CEMEN                                    | I JOB 📙                   |                     |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM  |   |   |                           |                     |
| OTHER:   | ,   | OTHER:  |                           | П                   |
| 13. Describe proposed or com<br>of starting any proposed v   | pleted operations. (Clearly state a<br>vork). SEE RULE 19.15.7.14 NM. | ll pertinent details, an<br>AC. For Multiple Co | mpletions: Attach wellbor | e diagram of        |
| proposed completion or recompletion.   |   |   |                           |                     |
| TANdem respectfully request to temporarily Abandon this well. It is being evaluated for possible recompletions   |   |   |                           |                     |
| Andrew to be to be took on ssible re completion  |   |   |                           |                     |
| well. It is being evaluated for person in  |   |   |                           |                     |
|  |   |   |                           |                     |
|  | •   |   | •                         |                     |
|  |   |   |                           |                     |
|  | 00  | n for PECOPI                                    | ONI V All Endoral         |                     |
| OCD for RECORD ONLY. All Federal   |   |   |                           |                     |
| forms require <u>BLM APPROVAL.</u>   |   |   |                           |                     |
|  |   |   |                           |                     |
|  |   |   |                           |                     |
| Sand Date  | Din Dalassa   | Data  |                           |                     |
| Spud Date:   | Rig Release   | Date:   |                           |                     |
| <del></del>  |   |   |                           |                     |
| I hereby certify that the informatio   | n shove is true and complete to the                                   | hest of my knowledge                            | a and balief              |                     |
| i for the state of | if above is true and complete to the                                  | best of my knowledg                             | ge and benef.             |                     |
| $\mathcal{L}$  | 1 . 1   |   |                           |                     |
| SIGNATURE , O  | CRIA TITLE RE   | gulatory Specialist                             | DATE                      | 12/02/2014          |
|  |   |   |                           |                     |
| Type or print nameL. Kiki Loc  | <u>kett</u> E-mail add  | ress: <u>kikil@t5ener</u>                       | gy.com PHONE:             | <u>713-987-7326</u> |
| For State Use Only   |   |   |                           |                     |
| APPROVED BY: APPROVED BY: DATE   |   |   |                           |                     |
| C 121 CA 1/25 A  |   |   |                           |                     |
| Conditions of Approval (if any):  With 1/26/2015   |   |   |                           |                     |

715 M

JAN 26 2015