

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-60598
5. Indicate Type of Lease STATE FEE XX
6. State Oil & Gas Lease No. 305697
7. Lease Name or Unit Agreement Name Twin Lakes San Andres Unit
8. Well Number 9
9. OGRID Number 269864
10. Pool name or Wildcat Twin Lakes; San Andres (Assoc)

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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other -- Injection <input type="checkbox"/>	2. Name of Operator State of New Mexico formerly Canyon E&P Company
3. Address of Operator 811 South 1st Street Artesia, NM 88210	4. Well Location Unit Letter M: 330 feet from the South line and 990 feet from the West line Section 25 Township 8S Range 28E NMPM County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INT PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	INT TO PA P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> P AND A XX
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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.

SEE ATTACHED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Mah White TITLE Petroleum Engr. Specialist DATE 03/14/2016

Conditions of Approval (if any):

MAR 15 2016

hm

Plugging Report TLSAU #9

2/24/2016 Move in equipment and rigged up. Dug out the well head and Installed BOP. No tubing in the well. Attempted gauge ring run but could not get past 220'. Moved in work string from the #119 and picked up 4 ½" scrapper. RIH with scrapper to 2413' and tagged cement on top of existing CIBP. SION.

2/25/2016 Circulated MLF and tested casing. Casing good to 500#. Spotted 40 sx cement on top of existing CIBP @ 2413'. POOH and perforated 4 ½" casing at 1000'. Set packer @ 628' and squeezed perms with 35 sx cement with CaCl. WOC and tagged cement at 812'. POOH and perforated 4 ½" casing at 170'. Established circulation and pumped cement down 4 ½" casing to perms at 170' and up annulus to surface. Took 50 sx to get good cement to surface. Will cut off wellhead Monday.

2/29/2016 Cut off well head. Filled both strings of casing to top with 1 sack of cement. Installed marker and cut off anchors. Cleaned pit and cleared location.