

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. 30-005-60658	✓
5. Indicate Type of Lease STATE FEE XX	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Twin Lakes San Andres Unit	✓
8. Well Number 21	✓
9. OGRID Number	
10. Pool name or Wildcat Twin Lakes; San Andres (Assoc)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 ☐ Gas Well ☐ Other ☒ INJECTION

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 C: 990 feet from the North line and 1650 feet from the West line
Section 31 Township 8S Range 29E NMPM Chaves County

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

NOTICE OF IN

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
DOWNHOLE COMMINGLE ☐

INT TO PA

P&A NR PM X
P&A R _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A XX
CASING/CEMENT JOB ☐

OTHER: _____

OTHER: _____

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.

HOBBS OCD

SEE ATTACHED

APR 12 2016

RECEIVED

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 W. Litchman TITLE P.E.S. DATE 04-12-2016

Conditions of Approval (if any):

APR 14 2016

YX

Plugging Report TLSAU #21

1/25/2016 Cleared road and location. Moved rig to location and spotted over the hole. Will rig up in the morning.

1/26/2016 Set 1 temporary anchor on the southwest corner. Dug out well head & rigged up. Struggled to get well head cap off. Installed BOP. Tubing and packer in the hole. Packer would go down the hole but not come up. Worked packer with no success. SION.

1/27/2016 Worked packer free. POOH with packer. RIH with CIBP and set at 2630'. Circulated MLF and tested casing. Casing tested good to 400#. Spotted 45 sx cement on top of CIBP. POOH with tubing and perforated 4 ½" casing at 1000'. Established rate and squeezed perfs at 1000' with 35 sx cement. No circulation up annulus while pumping. SION

1/28/2016 Released packer and POOH. RIH with tubing and tagged cement at 842'. Laid down remaining tubing & perforated 4 ½" casing at 170'. Established circulation. Pumped cement down 4 ½" casing to perfs at 170' and up annulus to surface. Took 55 sx cement. Rigged down. Cut off well head. Good cement to surface. Installed marker and cut off anchors.