

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

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

WELL API NO. 30-005-61604
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 308697
7. Lease Name or Unit Agreement Name TWIN LAKES SAN ANDRES
8. Well Number 113
9. OGRID Number 269864
10. Pool name or Wildcat TWIN LAKES SAN ANDRES UNIT (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 Gas Well Other <input checked="" type="checkbox"/> INJECTION	
2. Name of Operator Canyon E&P Company	
3. Address of Operator 911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039	
4. Well Location Unit Letter O 990 feet from the SOUTH line and 2310 feet from the EAST line Section 7 Township 9S Range 29E NMPM CHAVES County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3928 GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: MIT
☒

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.

12-05-10 RAN MIT, RETURNED WELL TO WATER INJECTION.



Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE President DATE 12-08-10

Type or print name J. Michael Myers E-mail address: mike@canyonep.com PHONE: 972-869-8005
For State Use Only

APPROVED BY: [Signature] TITLE COMPLIANCE OFFICER DATE 12/29/10
Conditions of Approval (if any):