

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. 30-005-60033
5. Indicate Type of Lease STATE X FEE
6. State Oil & Gas Lease No. 308697
7. Lease Name or Unit Agreement Name TWIN LAKES SAN ANDRES
8. Well Number 34
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 X 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 **L 1980** feet from the **SOUTH** line and **660** feet from the **WEST** line
 Section **36** Township **8S** Range **28E** NMPM **CHAVES** County

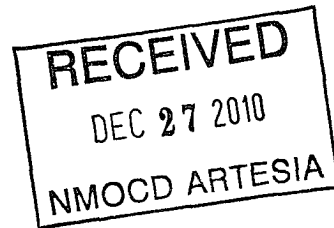
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3946 DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK X	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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  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:  TITLE COMPLIANCE OFFICER DATE 12/27/10
 Conditions of Approval (if any):