Office State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	30-005-60334
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1200 Rio Brazos Rd., Aztec, NM 87410	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505	 State Oil & Gas Lease No. 308697
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement 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 SUCH PROPOSALS.)	TWIN LAKES SAN ANDRES
1. Type of Well: Oil Well Gas Well Other X INJECTION	8. Well Number 25
2. Name of Operator	9. OGRID Number
Canyon E&P Company 3. Address of Operator	269864 10. Pool name or Wildcat
911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039	TWIN LAKES SAN ANDRES UNIT
4. Well Location	(ASSOC)
Unit Letter E 1850 feet from the NORTH line and 990	feet from the <u>WEST</u> line
Section 36 Township ∂S Range 28E	
11. Elevation (Show whether DR, RKB, RT, GR, 4943.3	etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL W	
-	DRILLING OPNS. ☐ P AND A ☐
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEN	IENT JOB
DOWNHOLE COMMINGLE	
OTHER:	\boxtimes
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.	
	==OFWED]
	RECEIVED
	DEC 27 2010
	NMOCD ARTESIA
	INI
Spud Date: Rig Release Date:	
The share of Carlot the Section of t	adas and ballof
I hereby certify that the information above is true and complete to the best of my knowl	edge and belief.
	D. 1777 10 00 10
SIGNATURE TITLE President	DATE12-08-10
Type or print name J. Michael Myers E-mail address: mike@canyonep.com PHONE: 972-869-8005	
For State Use Only	
APPROVED BY: VILLARD (NGE TITLE COMPLIANCE)	1 FACER DATE 12/27/10
Conditions of Approval (if any):	