Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natu	iral Resources	WELL API NO.	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGEDIA MON	DIMIGIONI	30-005-60579	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	District III 1220 South St. Francis Dr. 000 Rio Brazos Rd., Aztec, NM 87410			FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Leas 308697	e No.
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 4		
2. Name of Operator Canyon E&P Company			9. OGRID Number 269864	
3. Address of Operator			10. Pool name or Wildcat	
911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039			TWIN LAKES SAN ANDRES UNIT	
4. Well Location				
Unit Letter 1 1650 fee	et from the <u>SOUTH</u> line	e and <u>330</u>	feet from the <u>EAST</u>	line
Section 25	Township 8S Ran		NMPM CHAVES	County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3938 GL				
12. Check Ap	propriate Box to Indicate N	ature of Notice	, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				RING CASING 🔲
TEMPORARILY ABANDON				DA 🗌
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	II JOB	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: MIT		
Describe proposed or complet of starting any proposed work proposed completion or record	c). SEE RULE 19.15.7.14 NMAC	pertinent details, au		
12-05-10	RAN MIT, RETURNED W	VELL TO WATER	R INJECTION.	
			SECTIVE	D \
			PECEIVE DEC 27 2010 NMOCD ARTI	,
			NEC 27 2011	, /
			- ARTI	ESIA
			NMOCD ANT	STREET TOO STREET
			164	
Spud Date:	Rig Release Da	te:		
		L		
I hereby certify that the information ab	ove is true and complete to the be	est of my knowleds	ge and belief	
		·	50 0 0	
SIGNATURE	TITLE PI	resident	DATE <u>12-</u> 0)8-10
			m som DUONE: 070 000	9005
Type or print name <u>J. Michael Myers</u> For State Use Only	E-mail address	: <u>mike@canyone</u>	ep.com PHONE: <u>972-869</u>	·8UU3
APPROVED BY: \mathcal{D}_{a} , \mathcal{U}_{a} \mathcal{U}_{a}	NOW TITLE COM	APUBACE D	FALGI DATE (2/22/10
APPROVED BY: Luth RO Conditions of Approval (if any):	TILE UN	This	Privac DATE /	42710