Submit I Copy To Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-005-60982
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Twin Lakes San Andres Unit
1. Type of Well: Oil Well Gas Well Other	8. Well Number 79
2. Name of Operator Canyon E&P Company	9. OGRID Number 269864
3. Address of Operator	10. Pool name or Wildcat
251 O'Connor Ridge Blvd., Suite 265, Irving, Texas 75038	Twin Lakes San Andres (Assoc)
4. Well Location	
Unit Letter J : 2310 feet from the South line and	
Section 6 Township 9S Range 29E	NMPM Chaves County
11. Elevation (Show whether DR, RKB, RT, GR, 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 WOR	
	ILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN DOWNHOLE COMMINGLE	T JOB [
DOWNHOLE COMMINGLE []	
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.	
Change out tubing, rods and pump. Return well to production.	RECEIVED
ness contin (1.4 Fee) files	
DENIED	SEP 2 1 2010
	NMOCD ARTESIA
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Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	so and haliaf
Thereby certary must the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE President	DATE 9-14-10
Type or print name I Michael Mers E-mail address: mike@canyonep.com PHONE: 214-441-2558 For State Use Only	
	DATE A-1-ID
Conditions of Approval (if any):	DATE 9-21-10 (375) 748-1283 ext. 113 _W
Not operator of record for this well.	المالية المالية المالية المالية