

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-005-00349</b>
1. Type of Well: Oil Well Gas Well Other X INJECTION		5. Indicate Type of Lease STATE X FEE
2. Name of Operator <b>Canyon E&amp;P Company</b>		6. State Oil & Gas Lease No. <b>308697</b>
3. Address of Operator <b>911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039</b>		7. Lease Name or Unit Agreement Name <b>TWIN LAKES SAN ANDRES</b>
4. Well Location Unit Letter <b>D 660</b> feet from the <b>NORTH</b> line and <b>660</b> feet from the <b>WEST</b> line Section <b>1</b> Township <b>9S</b> Range <b>28E</b> NMPM <b>CHAVES</b> County		8. Well Number <b>54</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3936 GL</b>		9. OGRID Number <b>269864</b>
		10. Pool name or Wildcat <b>TWIN LAKES SAN ANDRES UNIT (ASSOC)</b>

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: ☐

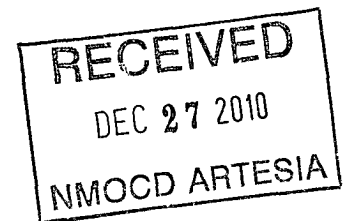
SUBSEQUENT REPORT OF:

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.

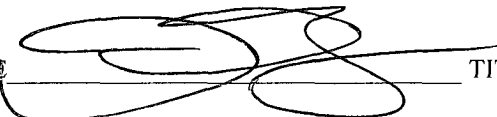
12-05-10 RAN MIT, RETURNED WELL TO WATER INJECTION.



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