

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

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.)		WELL API NO. 30-005-60961
1. Type of Well: Oil Well Gas Well Other <input checked="" type="checkbox"/> INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
2. Name of Operator Canyon E&P Company		6. State Oil & Gas Lease No. 308697
3. Address of Operator 911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039		7. Lease Name or Unit Agreement Name TWIN LAKES SAN ANDRES
4. Well Location Unit Letter M 540 feet from the SOUTH line and 480 feet from the WEST line Section 32 Township 8S Range 29E NMPM CHAVES County		8. Well Number 52
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 269864
		10. Pool name or Wildcat TWIN LAKES SAN ANDRES UNIT (ASSOC)

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:

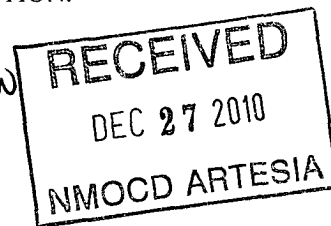
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

DENIED - WELL WAS NOT TESTED TRUCK
WAS UNABLE TO GET TO LOCATION. INJECTION
MAY NOT BEGIN.
SCHEDULE TEST AFTER ROAD IS
REPAIRED. RE 12/28/10



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 [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 _____ DATE _____

Conditions of Approval (if any):