

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

HC
 MAY 22 2017
 RECEIVED

WELL API NO. 30-005-60829
5. Indicate Type of Lease STATE FEE X
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Twin Lakes San Andres Unit
8. Well Number 043
9. OGRID Number 269864
10. Pool name or Wildcat Twin Lakes; San Andres (Assoc)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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.)

1. Type of Well: Oil Well Gas Well Other Injection

2. Name of Operator
State of New Mexico formerly Canyon E&P Company

3. Address of Operator
811 South 1st Street, Artesia, NM 88210

4. Well Location
 Unit Letter L: 1650 feet from the South line and 430 feet from the West line
 Section 32 Township 8S Range 29E NMPM Chaves County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INT PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: _____	INT TO PA P&A NR <u>7m.x</u> P&A R _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> XX CASING/CEMENT JOB <input type="checkbox"/> OTHER: _____
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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.

SEE ATTACHED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only
 APPROVED BY: Mark Whitaker TITLE P.E.S. DATE 05/22/2017

Conditions of Approval (if any):

Plugging Report TLSAU #43

5/8/2017 Worked to repair road and fill in wash out on location.

5/9/2017 Rig up and install BOP. Worked packer loose. POOH with 86 joints with IPC tubing and a Model R packer. RIH with CIBP and set at 2700'. Caught circulation and tested casing. Casing good to 650#. Circulated MLF and spotted 50 sx cement on top of CIBP.

5/10/2017 Perforated at 1000'. Established circulation and squeezed perms with 35 sx cement w/CaCl. WOC and tagged cement at 842'. Perforated casing at 175'. Pumped cement down 4 ½" casing to perms at 175' and up annulus to surface. Took 65 sx. Could not rig down due to high winds.

5/11/2017 Rigged down. Cut off wellhead and filled up both strings of casing with 10 sx cement. Installed marker and removed temporary anchors. Cleaned pit and cleared location.