

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>30-015-00939</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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>ARTESIA METEX UNIT</b>
4. Well Location Unit Letter <b>G 2310</b> feet from the <b>NORTH</b> line and <b>2310</b> feet from the <b>EAST</b> line Section <b>24</b> Township <b>18S</b> Range <b>27E</b> NMPM <b>EDDY</b> County		8. Well Number <b>2</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>269864</b>
		10. Pool name or Wildcat <b>ARTESIA</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: ☐

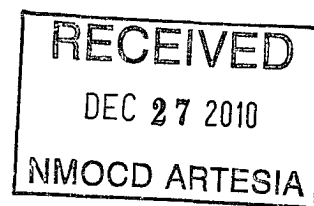
SUBSEQUENT REPORT OF:

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

OTHER: ☒

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.

12-15-10 REPAIRED WELL AND ELECTRICAL SYSTEM AND RETURNED TO PRODUCTION.



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 12-20-10

Type or print name J. Michael Myers

E-mail address: mike@canyonep.com PHONE: 972-869-8005

For State Use Only

Accepted for record  
Conditions of Approval (if any):  
NMOCD

David Gray TITLE Field Supervisor

DATE 12-28-10

*cat*