Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		October 13, 2009
1625 N French Dr , Hobbs, NM 88240			WELL API NO.
District II	OIL CONSERVATION DIVISION		30-005-63192
1301 W Grand Ave , Artesia, NM 88210 District III			5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
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			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Boase (and of other rigidement) and
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Twin Lakes San Andres Unit
PROPOSALS)			8. Well Number 331
1. Type of Well: Oil Well	Gas Well Other		
2. Name of Operator			9. OGRID Number
Canyon E&P Company 3. Address of Operator			269864 10. Pool name or Wildcat
251 O'Connor Ridge Blvd, Suite 265, Irving, Texas 75038			Twin Lake, San Andres, (Assoc)
			Twin Lake, San Andres, (Assoc)
4. Well Location			
Unit Letter <u>F</u> : <u>2310</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>WEST</u> line			
Section 6 Township 9S Range 29E NMPM Chaves County			
	11. Elevation (Show whether DR, I	RKB, RT, GR, etc.	
	3955 GR		
12. Check	Appropriate Box to Indicate Na	ture of Notice	Report or Other Data
12. CHOOK 2	appropriate Box to malette 14a	iture of fronce,	Report of Other Bata
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	I	RK	
TEMPORARILY ABANDON 🔲	•	COMMENCE DR	ILLING OPNS P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	TJOB \square
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.			
I DECEIVED I			
CED D'I com			
09/03/2010: Change out tubing, rods and pump. Return well to production. SEP 21 2010			
NMOCD ARTESIA			
DENED			
Spud Date:	Rig Release Date	e:	
I hereby certify that the information	above is true and complete to the bes	t of my knoù loda	o and hallof
Thereby certify that the michination	above is true and complete to the bes	a of my knowledg	e and benef.
SIGNATURE	TITLE Pre	esident	DATE 9-4-10
DATE 3-4-10			DATE9-4-10
Type or print name J Michael Myers E-mail address: mike@canyonep.com PHONE 214-441-2558			
For State Use Only			
Conditions of Approval (if any): Conditions of Approval (if any): Conditions of Approval (if any): (675) 748-1283 x 113 ps			
MENTER! WOLLAND	May TITLE COM	Vicince a	Hiron DATE (1-21-17)
Conditions of Approval (if any):	- win	T TIME	/67C) 740 1702 N 113~ V
(DIS) MA-100)			COUNTY CONTROL XIND
Not operator of record for this well (\$75) 748-1283 X 1136			