Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGERNATION DIMIGION	30-015-01194
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLI	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Artesia Metex Unit
PROPOSALS.) 1. Type of Well: Oil Well X	Gas Well Other	8. Well Number 29
2. Name of Operator	Cas well Oulei	9. OGRID Number 269864
Canyon E & P Company		y. Golds Manior 203001
3. Address of Operator		10. Pool name or Wildcat
911 Lake Carolyn Pkwy, Suite 1	04 Irving, TX 75039	Artesia On. Grbg.SA
4. Well Location		
Unit Letter B: 990	feet from the NORTH line and 1650 fe	eet from the _EA <u>ST</u> line
Section 25	1 5	NMPM County EDDY
The second secon	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
298 Million 370 per 1997		
12 Charle	Annuanista Danta Indianta Natura af Natica	Devices on Other Data
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF IN	ITENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	<u> </u>	ILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER:	
	leted operations. (Clearly state all pertinent details, an	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	mpletions: Attach wellbore diagram of
proposed completion or rec	completion.	
11-04-10	Repaired well and electrical system and returned to	production.
		RECEIVED
		NOV 1 2 2010
		A DETECTA
		NMOCD ARTESIA
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowledg	ge and belief.
SIGNATURE	TITLE President	DATE 11-09-10
ordini ord) ITEL TESIDENT	DATEII-07-10
Type or print name _J Michael Myer	E-mail address: <u>mike@canyo</u>	onep.com PHONE: 972-869-8005
For State Use Only		
A PROPOSED BY TO CAMP OF	M	G G D D M 11 18-10
APPROVED BY: Outlo	Show TITLE FIRE & SUPERVI	SOF DATE 11-15-10
Conditions of Annuarial GF	()	•