

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

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| 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. 30-015-27157 |
| 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 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 ARTESIA METEX UNIT |
| 4. Well Location Unit Letter E 2310 feet from the NORTH line and 990 feet from the WEST line Section 30 Township 18S Range 28E NMPM EDDY County | | 8. Well Number 62 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3562 GL | | 9. OGRID Number 269864 |
| | | 10. Pool name or Wildcat ARTESIA, Q-G-SA |

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: ☐

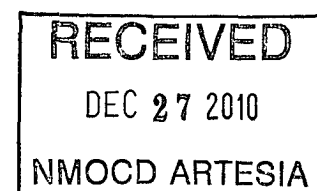
SUBSEQUENT REPORT OF:

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.

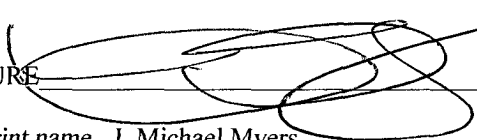
12-15-10 REPAIRED WELL AND ELECTRICAL SYSTEM AND RETURNED TO PRODUCTION.



Spud Date:

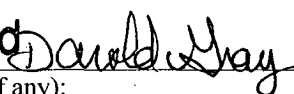
Rig Release Date:

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  TITLE Field Supervisor DATE 12-28-10
APPROVED BY: NMOCD Conditional Approval (if any): Colt