Submit I 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 DAMAGON		30-005-60984
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 FEE X
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Twin Lakes San Andres Unit
PROPOSALS.)	Cas Well D Other		8. Well Number 69
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other		9. OGRID Number
Canyon E&P Company		269864	
3. Address of Operator			10. Pool name or Wildcat
911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039			Twin Lakes San Andres (Assoc)
4. Well Location			
Unit Letter F: 1650 feet from the North line and 1650 feet from the West line			
Section 6	Township 9S	Range 29E	NMPM Chaves County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON			_
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	T JOB
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.			
Change out tubing, rods and pump. Return well to production.			
			[DECEIVED]
			RECEIVED
			NOV 12 2010
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			NMOCD ARTESIA
Spud Date:	Rig Release Da	ite:	
		L	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
	X		
SIGNATURE	TITLE P	resident	DATE 9-14-10
Type or print name J. Michael Myers E-mail address: mike@canyonep.com PHONE: 972-869-8005			

DATE 11-16-10

APPROVED BY: David Wray TITLE Field Supervised Conditions of Approval (if any):