Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-005-61106 5. Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		0. 0
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Bease Name of Ome Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Twin Lakes San Andres Unit
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other	8. Well Number 94
2. Name of Operator	Gas well Other	9. OGRID Number
	a 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
4. Well Location		
Unit Letter <u>B</u>	: 330 feet from the North line and	2310 feet from the <b>East</b> line
Section 7	Township 9S Range 29	9E NMPM Chaves County
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
transcell with the second con-		
12. Check	Appropriate Box to Indicate Nature of Notice	ce, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL W	
TEMPORARILY ABANDON	·	DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEM	
DOWNHOLE COMMINGLE	MOETH EE COMITE GOOD OF CONTOURS OF CONTOU	
OTHER:	OTHER:	
	pleted operations. (Clearly state all pertinent details,	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple	Completions: Attach wellbore diagram of
proposed completion or rec	completion.	
		·
Change out tubing, rods and pump. Return well to production.		RECEIVED
		NOV <b>1 2</b> 2010
		NMOCD ARTESIA
		•
Spud Date:	Rig Release Date:	
	Rig Release Dute.	
I hereby certify that the information	above is true and complete to the best of my knowled	edge and belief.
SIGNATURE	THE Provident	DATE 0 14 10
SIUNATURE	TITLE President	DATE 9-14-10
Type or print name J. Michael My	ers ) E-mail address: mike@canvo	onep.com PHONE: 972-869-8005
For State Use Only	2 man accress. minopolary	
~ N ~	4 - 11	
APPROVED BY: World of	Dray TITLE Field Super	VISO DATE 11-16-10
Conditions of Approval (if any):	•	MX. A