Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.
District II		30-005-63192	
1301 W. Grand Ave., Artesia, NM 88210 District III	1301 W. Grand Ave., Artesta, INIV 66210		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	1000 Rio Brazos Rd., Aztec, NM 87410 Sonto Eq. NIM 975.05		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		v. State on a das hease ivo.	
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 PROPOSALS.)			Twin Lakes San Andres Unit
1. Type of Well: Oil Well Gas Well Other			8. Well Number 331
2. Name of Operator			9. OGRID Number
Canyon E&P Company 3. Address of Operator			269864
911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039			Twin Lake, San Andres, (Assoc)
4. Well Location			
Unit Letter F :	2310feet from the _NORTH	line and <u>23</u>	10 feet from the WEST line
Section 6 Township 9S Range 29E NMPM Chaves County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3955 GR			
12. Check A	ppropriate Box to Indicate N	ature of Notice.	Report or Other Data
			•
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			SSEQUENT REPORT OF: RK
		ILLING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE			•
OTHER:		OTHER:	\boxtimes
	rk). SEE RULE 19.15.7.14 NMAC		id give pertinent dates, including estimated date mpletions: Attach wellbore diagram-of RECEIVED
			NOV 12 2010
09/03/2010: Change out tubing, rods and pump. Return well to production.			
NMOCD ARTESIA			
			,
Spud Date:	Rig Release Da	ito:	
Spud Date.	Kig Kelease Da	ne.	
I hereby certify that the information a	bove is true and complete to the be	est of my knowledg	ge and belief.
		And a fine of the second secon	•
SIGNATURE	TITLE P	resident	DATE <u>9-4-10</u>
Type or print name J. Michael Mver	E-mail address	: <u>mike@canvone</u>	p.com PHONE: 972-869-8005
For State Use Only			
APPROVED BY: Dusled,	Day TITLE GO	d Supervis	DATE 11-15-10 100
Conditions of Approval (if any):	0	- 0	
			\checkmark
			. 12 Sen 2010 3 (APM)