Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.
District II	OIL CONCEDUATION DIVICION		30-015-01197
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 Distr <u>ic</u> t IV			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	220 S. St. Francis Dr., Santa Fe, NM		В 9603
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			7. Lease Name or Unit Agreement Name Artesia Metex Unit
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other			8. Well Number 7
2. Name of Operator			9. OGRID Number 269864
Canyon E & P Company 3. Address of Operator			10. Deal norman William
911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039			10. Pool name or Wildcat Artesia Qn. Grbg.SA
4. Well Location			
	1650 feet from the SOUTH	I line and1650	o feet from the EAST line
Section 24	Township 18S Range		NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3560 KB			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSI			BSEQUENT REPORT OF: RK X ALTERING CASING □
		RILLING OPNS. PAND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE			
OTHER:		OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated dates			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
proposed completion of recompletion.			
11-03-10 Repaired well and electrical system and returned to production.			
			RECEIVED
			NOV 1 2 2010
			1
			NMOCD ARTESIA
Spud Date:	Pig Palaga D	oto	
Spud Date.	Rig Release D	ate.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
	76	_	
SIGNATURE DATE 11-09-10			
Type or print name J Michael Myers E-mail address: mike@canyonep.com PHONE: 972-869-8005			
For State Use Only	.		
APPROVED BY: Could is	Day TITLE F.O.	a Supervise	DATE 11-16-10
Conditions of Approval (if any):	O	V	V