Office Office	State of New Mex			Form C-1	
District I	Energy, Minerals and Natura	l Resources	TWELL ADVANCE	October 13, 2	)09
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-005-20329			
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease			
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE FEDERAL X			
District IV Santa Fe, NM 8/505		6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505		308697			
	ES AND REPORTS ON WELLS		7. Lease Name	or Unit Agreement Name	3
(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.)		B. Well Number 004A			
1. Type of Well: Oil Well X Gas Well Other					
2. Name of Operator			9. OGRID Number		
Canyon E&P Company  3. Address of Operator			269864 10. Pool name or Wildcat		
911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039			DOUBLE L		
4. Well Location		1,000			
	from the <u>WEST</u> line and	1 330 feet f	rom the <u>SOUTI</u>	H line	
Section 31	Township 14S Ran		<del></del>	HAVES County	
	11. Elevation (Show whether DR, R			TITY ES County	
	3888' GL	,,,		The Control of the Co	
12. Check App	propriate Box to Indicate Nat	ure of Notice,	Report or Othe	er Data	
NOTICE OF INT	ENTION TO	0.10			
			SEQUENT RI		_
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING [	<u>ا</u>
TEMPORARILY ABANDON				P AND A	لہ
PULL OR ALTER CASING    DOWNHOLE COMMINGLE	MOLTIPLE COMPL	CASING/CEMEN	1308		
DOWNHOLE COMMININGLE []	,				
OTHER:		OTHER:			3
13. Describe proposed or complete	ed operations. (Clearly state all per	tinent details, an	d give pertinent da		
of starting any proposed work)	). SEE RULE 19.15.7.14 NMAC.	For Multiple Co	mpletions: Attach	wellbore diagram of	
proposed completion or recom	pletion.	_	-	-	
12-17-10 F	REPAIRED WELL AND ELECTR	ICAL SYSTEM	AND RETURNE	D TO PRODUCTION	
12 17 10 1	CITINED WELL AND ELECTIV	ICAL DI GILIVI	AND RETORINE	D TO TRODUCTION.	
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			1410	TOOD ARTESIA	
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Spud Date:	Rig Release Date	:			
I hereby certify that the information abo	ve is true and complete to the best	of my knowledg	e and belief.		
	$\rightarrow$ 2				
SIGNATURE	TITLE Pres	ident	DAT	E 12-21-10	
SIGNATURE	THEE TIES	ndent	DA1	E 12-21-10	
Type or print name J. Michael Myers	E-mail address:	mike@canyone	p.com PHONE:	972-869-8005	
For State Use Only	-				
A DEPOSITE DISTORTED IN	Group TITLE FIRM	C 10001120	10 -	ATE 2-28-10	١
APPROVED BY: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jour TITLE Field:	30/6/11/12(	) <b>1</b> D,	ate <u> 6-28-70</u>	11
Conditions of Approval (if any):  Accepted for record - NMOCD	)			$\mathcal{C}$	X