Submit I Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240			October 13, 20 WELL API NO.	09
District II			30-005-60183	
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE X FEE FEDERAL 6. State Oil & Gas Lease No.	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			308697	
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA			7. Lease Name or Unit Agreement Name DOUBLE L QUEEN UNIT	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other			8. Well Number 12	
2. Name of Operator			9. OGRID Number	
Canyon E&P Company		269864		
3. Address of Operator 911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039		TX 75039	10. Pool name or Wildcat DOUBLE L	
4. Well Location		· · · · · · · · · · · · · · · · · · ·		
Unit Letter J 1650 fee	t from the <u>SOUTH</u> line	andfee	et from the <u>EAST</u> line	
Section 25		nge 29E	NMPM CHAVES County	
	11. Elevation (Show whether DR, 2829 GR	RKB, RT, GR, etc.		
12. Check Ap	propriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INT	TNITION TO:	CLID	SECUENT DEPORT OF:	
NOTICE OF INTENTION TO: SUI PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO		SEQUENT REPORT OF: X ALTERING CASING [7	
		ILLING OPNS. PAND A]	
 -	MULTIPLE COMPL	CASING/CEMEN		
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	×	1
13. Describe proposed or complet). SEE RULE 19.15.7.14 NMAC	ertinent details, an	d give pertinent dates, including estimated d mpletions: Attach wellbore diagram of	
proposed completion of recon	ipiction.			
12-17-10	REPAIRED WELL AND ELECT	RICAL SYSTEM	AND RETURNED TO PRODUCTION.	
			RECEIVED	
			DEC 27 2010	
			DLC 21 2010	
			NMOCD ARTESIA	
Smud Data	n: n l · · · n			
Spud Date:	Rig Release Da	re:		
I hereby certify that the information ab	ove is true and complete to the be	st of my knowledg	e and belief.	_
SIGNATUR	TITLE Pr	esident	DATE 12.21.10	
			DATE12-21-10	
Type or print name <u>J. Michael Myers</u> For State Use Only	E-mail address:	_mike@canyone	p.com PHONE: <u>972-869-8005</u>	
epted for record 0.1	()	. 0-0:		
APPROXEDBY: () OLDX	TITLE FIELD	Supprvisor	DATE 12-28-10	_
Continuated Approval (if any):	<u> </u>		OSK	
			-	