Office Office	State of New Mex	xico		Form C-103
District I	Energy, Minerals and Natur	al Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	0.4
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-005-20984		
District III 1220 South St. Francis Dr		5. Indicate Type of Lease STATE FEE X FEDERAL		
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 87505	•		308697	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Un	it Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				C
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			DOUBLE L QUEEN UN	
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 005Q	
2. Name of Operator			9. OGRID Number	
Canyon E&P Company 3. Address of Operator			269864 10. Pool name or Wil	dcat
911 Lake Carolyn Pkwy, Suite 104 Irving, TX 75039			DOUBLE L	doar
4. Well Location			l	
Unit Letter F 1710 feet fi	om the <u>WEST</u> line and	_1330_feet from	the NORTH li	ne
Section 6	Township 15S Range			County
A CONTRACTOR OF THE STATE OF TH	11. Elevation (Show whether DR,	RKB, RT, GR, etc.	.)	100
	3877' GR			100
12. Check Ap	propriate Box to Indicate Na	iture of Notice,	Report or Other Dat	a
NOTICE OF INT	ENTION TO	SUE	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				TERING CASING
	CHANGE PLANS			ND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB 🔲	
DOWNHOLE COMMINGLE				
0.77.17.7				5
OTHER: 13. Describe proposed or complet	ad appretions (Clearly state all r	OTHER:	d aire noutinant dates in	Note that the second data
). SEE RULE 19.15.7.14 NMAC.			
proposed completion or recon		To Multiple Co	inpictions. Attach went	ore diagram or
proposed completion of recon	Freedom			
12-17-10	REPAIRED WELL AND ELECT	RICAL SYSTEM	AND RETURNED TO	PRODUCTION.
			I REC	CEIVED
			1	
			DEC	27 2010
			212400	D ADTECIA
			NMOC	D ARTESIA
G 15	Di Di Di			
Spud Date:	Rig Release Date	e:		
I hereby certify that the information abo	we is true and complete to the hes	t of my knowledg	e and helief	
Thereby certify that the information abo	we is true and complete to the bes	t of my knowledg	c and benefit.	
SIGNATURE	TITLE Pre	esident	DATE12	2-21-10
Type or print rame I Mich	7) B mad add	mileo@aa	n com DUONE: 070 0	40 9005
Type or print name_ <u>J. Michael Myers</u> - For State Use Only	E-mail address:	_mike@canyone	p.com PHONE: <u>972-86</u>)9-8003
	11.11	_	_	6 6
Conditable for record our	Mal Lloy TITLE FIELD	Supervisor	DATE_	12-28-10
Condition (if any):	\mathcal{O}	4		N-A

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