Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-005-20325
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FEDERAL X
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 NO	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	DOUBLE L'OLIERN HINTE
PROPOSALS.)		8. Well Number 001J
1. Type of Well: Oil Well X	Gas Well Other	
2. Name of Operator Canvo	n E&P Company	9. OGRID Number 269864
3. Address of Operator	a Lati Company	10. Pool name or Wildcat
	ke Carolyn Pkwy, Suite 104 Irving, TX 75039	DOUBLE L
4. Well Location		
Unit Letter O 330	feet from the SOUTH line and 2310 fe	et from the <u>EAST</u> line
Section 31	Township 14S Range 30E	NMPM CHAVES County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	:.)
194	3884' GL	Profile The State of the State
12 Check	Appropriate Box to Indicate Nature of Notice.	Report or Other Data
		•
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON [RILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE		II JOB 🗀
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	
	pleted operations. (Clearly state all pertinent details, ar	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or re	completion.	
12-17-10	REPAIRED WELL AND ELECTRICAL SYSTEM	I AND RETURNED TO PRODUCTION.
		RECEIVED
		NEOEIVED
		DEC 27 2010
		NMOCD ARTESIA
oud Date:	Rig Release Date:	
<u> </u>		
hereby certify that the information	above is true and complete to the best of my knowledge	ge and helief
nereby certify that the information	above is true and complete to the best of my knowledge	ge and benef.
IGNATURE	TITLE President	DATE12-21-10
ype or print name J. Michael My	ers E-mail address: mike@canyone	en com PHONE: 972-869-8005
or State Use Only	D man addressmncageanyone	712-007-0005
cepted for record	5011 000011	C
.1 1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLE FIELD SUPPLYISO	DATE 12-28-10
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