Office Office	State of New Me			Form C-103
District I	Energy, Minerals and Natu	ral Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-009	40
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 X FEE	
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				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number 1	
1. Type of Well: Oil Well X Gas Well Other INJECTION				
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			ARTESIA	
4. Well Location	<i>J J J J J J J J J J</i>			
1	from the NORTH line	and _2310	feet from the EAST	line
Section 24		ange 27E	NMPM EDDY	County
	11. Elevation (Show whether DR,			
				Andrew States III
12. Check Ap	propriate Box to Indicate N	ature of Notice	, Report or Other Dat	a
NOTICE OF INT	ENTION TO:	SI IE	DOEOLIENT DEDO	DT OE:
NOTICE OF INTENTION TO: SUE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			BSEQUENT REPORT OF: RK X ALTERING CASING □	
				ND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				
DOWNHOLE COMMINGLE	WOETH EE OOM E	O TO THO TO ENTE	11000	
OTHER:		OTHER:		
13. Describe proposed or complet				
). SEE RULE 19.15.7.14 NMAC	C. For Multiple Co	ompletions: Attach wellb	ore diagram of
proposed completion or recon	ipletion.			
·				
12-15-10	REPAIRED WELL AND ELECT	TRICAL SYSTEM	AND RETURNED TO	PRODUCTION.
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			All the state of t	
			RECE	IVED
				i i
			DEC 27	' 2010 ·
·			i i	- 1
			NMOCD A	RTESIA
Spud Date:	Rig Release Da	te:		
I hereby certify that the information about	ove is true and complete to the be	st of my knowled	ge and belief.	
SIGNATURE	TITLE P	resident	DATE 12	2-20-10
SIGNATORE	IIILE H	esident	DATE_1	2-20-10
Type or print name J. Michael Myers	E-mail address	: mike@canyone	ep.com PHONE: 972-86	<u> 59-8005</u>
For State Use Only				
ccepted for record	ld Way TITLE Field	1 0,000,000		n 10 -12
Condition (if any):	THE HER	2 77/461 1776	DATE /	2-28-10
Conditional (II ally):				OOX