Office State of New Mexico	Form C-103
	October 13, 2009
District I 1625 N. French Dr., Hobbs, NM 88240 District II Energy, Minerals and Natural Resources District II	WELL API NO. 30-025-32297
District III OIL CONSERVATION DIVISION SEP 15 21/200 South St. Francis Dr.	5. Indicate Type of Lease
	STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 HOBBSOCD Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit 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.)	Quarry
1. Type of Well: Oil Well Gas Well Other	8. Well Number 1
2. Name of Operator Canyon E&P Company	9. OGRID Number 269864
3. Address of Operator	10. Pool name or Wildcat
251 O'Connor Ridge Blvd., Suite 265, Irving, Texas 75038 4. Well Location	Byers Yates
Unit Letter L : 1980 feet from the SOUTH line and	890 feet from the WEST line
Section 19 Township 18S Range 38I	
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3663 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	_
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN' DOWNHOLE COMMINGLE	T JOB
POWNHOLE COMMINGLE	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RIJLE 10.15.7.14 NMAC. For Multiple Completions Advised to the complete of the com	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
21 AUG 2010: Change out tubing, rods and pump. Return well to production.	
21 New 2010. Change out tubing, rous and pump. Return wen to production.	
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Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
hereby certify that the information above is true and complete to the best of my knowledge	and belief.
SIGNATURE TITLE President	DATE 9-1-10
Type or print name <u>J. Michael Myers</u> E-mail address: <u>mike@canyonep</u>	.com PHONE: <u>214-441-2558</u>
For State Use Only	
APPROVED BY: Joseph TITLE STAFF MAS	DATE 12-1-10
Conditions of Approval (if any):	2000