Form 3160-5 (August 2007)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| ` | FORM APPROVED          |  |  |  |  |  |
|---|------------------------|--|--|--|--|--|
|   | OMB No. 1004-0137      |  |  |  |  |  |
|   | Expires: July 31, 2010 |  |  |  |  |  |
| 1 |                        |  |  |  |  |  |

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals

5. Lease Serial No. NM-76870
6. If Indian, Allottee or Tribe Name

| abandoned well. U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jse Form 3160-3 (A                                                          | (PD) for such                               | proposals                             | •                      |                                                  |                                                  |                   |  |
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| SUBMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7 If Unit of CA/Agre                                                        | eement, Name and/or No                      | ).                                    |                        |                                                  |                                                  |                   |  |
| I. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                             |                                       |                        |                                                  |                                                  |                   |  |
| Oil Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                             |                                       |                        | 8. Well Name and No.<br>Meadows I08-3014 01H     |                                                  |                   |  |
| 2 Name of Operator<br>Encana Oil & Gas (USA) Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                             |                                       |                        | 9. API Well No.<br>30-045-35320                  |                                                  |                   |  |
| 3a. Address<br>370 17th Street, Suite 1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | 3b. Phone No. (in                           | nclude area code                      | )                      | 10. Field and Pool or                            | Exploratory Area                                 |                   |  |
| Denver, CO 80202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             | 720-876-3989                                |                                       |                        | Wildcat (Gallup)                                 |                                                  |                   |  |
| <ol> <li>Location of Well (Footage, Sec., T., F<br/>SHL: 1599' FSL and 292' FEL Section 8, T30N, F<br/>BHL: 1790' FSL and 339' FWL Section 8, T30N,</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. Country or Parish, State<br>San Juan, New Mexico                        |                                             |                                       |                        |                                                  |                                                  |                   |  |
| 12. CHEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | K THE APPROPRIATE BO                                                        | OX(ES) TO INDIC                             | ATE NATURE                            | OF NOTIC               | CE, REPORT OR OTH                                | HER DATA                                         |                   |  |
| TYPE OF SUBMISSION .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ION                                                                         |                                             |                                       |                        |                                                  |                                                  |                   |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Acidize                                                                     | Acidize Deepen Production (Start/Resu       |                                       |                        | uction (Start/Resume)                            | t/Resume)                                        |                   |  |
| A Nonce of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Alter Casing                                                                | Fracture                                    | Treat                                 | Recla                  | imation                                          | Well Integrity                                   |                   |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Casing Repair                                                               | ☐ New Co                                    | nstruction                            | Reco                   | mplete                                           | Other                                            |                   |  |
| Succeedadin report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Change Plans                                                                | Plug and                                    | d Abandon                             | Temp                   | orarily Abandon                                  |                                                  | <u></u>           |  |
| Final Abandonment Notice Convert to Inject                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | 🚺 Plug Ba                                   | ck                                    | ☐ Wate                 | er Disposal                                      |                                                  |                   |  |
| Attach the Bond under which the w following completion of the involve testing has been completed. Final A determined that the site is ready for Encana would like to amend the Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed operations. If the operation Abandonment Notices must final inspection.) | ion results in a mul<br>be filed only after | tiple completion<br>all requirements, | or recomp<br>including | letion in a new interva<br>reclamation, have bee | al, a Form 3160-4 must ten completed and the ope | e filed once      |  |
| A revised Plug Back Procedure is att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tached.                                                                     |                                             |                                       |                        |                                                  |                                                  |                   |  |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · ·                                                                         |                                             |                                       |                        |                                                  | - aum Piati a                                    | 도-제 <i>2</i> 7%   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                             |                                       |                        |                                                  | RCVD MAY 8                                       | 12                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                             |                                       |                        |                                                  | OIL CONS. D                                      | M.                |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DIST. 3                                                                     |                                             |                                       |                        |                                                  |                                                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | ·                                           |                                       |                        | C                                                | daement                                          |                   |  |
| 14. I hereby certify that the foregoing is tro<br>Name (Printed/Typed)<br>Brenda R. Linster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ue and correct.                                                             | 1 1                                         | itle Regulatory                       | / Advisor              | ,                                                |                                                  |                   |  |
| Signatur OMAO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City                                                                        | ler o                                       | Date ()4.                             | 24.                    | 12                                               |                                                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | THIS SPACE                                                                  | FOR FEDER                                   | AL OR STA                             | TE OFF                 | ICE USE                                          |                                                  |                   |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Malala                                                                      |                                             | Title P                               | et.                    |                                                  | Date 5/4/                                        | 12                |  |
| Conditions of approval, if any, are attached that the applicant holds legal or equitable tit entitle the applicant to conduct operations to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tle to those rights in the subject                                          |                                             |                                       |                        |                                                  |                                                  | ·                 |  |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1001 and |                                                                             |                                             | on knowingly and                      | willfully to           | make to any departme                             | ent or agency of the United                      | States any false, |  |
| (Instructions on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                             |                                       |                        |                                                  |                                                  |                   |  |

Meadows 108-3014 01H

SHL: SENESE Section 8, T30N, R14W

1599 FSL and 292 FEL

BHL: SWNWSW Section 8, T30N, R14W

1599 FSL and 330 FWL

San Juan County, New Mexico Lease Number: NM-16507 and NM-76870

### **Revised Plug Back Procedure:**

TOPS: TVD KOP 4490' Graneros Shale 5691' Dakota 5738'

Set 2 cement plugs in 8 1/2" hole

Plug A: Bottom plug 100' above Graneros Shale

Plug B: Kick plug at KOP

#### Plug A

1. TIH to TD of vertical pilot hole at 6085'

2. Spot 250' cement plug from 5835'- 6085'

- a. 72sx of Class C cement with 1% CaCl + 0.25#/sk celloflake + 0.2% FL (1.38ft<sup>3</sup>/sk yield, 14.6 ppg)
- b. Pump displacement and 10 bbl spacer
- 3. Pull uphole 250' and reverse out
- 4. Spot 250' cement plug from 5585'-5835'
  - a. 72sx of Class C cement with 1% CaCl + 0.25#/sk celloflake + 0.2% FL (1.38ft<sup>3</sup>/sk yield, 14.6 ppg)
  - b. Pump displacement
- 5. Pull uphole and reverse out
- 6. Pump bottoms up 2 times, pull uphole
- 7. TIH and tag plug, proceed when cement is solid
- 8. Fill hole and move uphole to spot kick plug

#### Plug B

- 1. 'Spot 300' kick plug from 4390' 4690'
  - a. 78sx of Class C cement (1.52ft<sup>3</sup>/sk yield, 15.7 ppg)
  - b. Spot tuned spacer
- 2. Pull uphole and reverse out
- 3. Pump bottoms up 2 times, pull uphole
- 4. Tag plug, drill ahead to KOP when cement is solid

# • Conditions of Approval: Proposed Plugback

## Note:

BLM's Geologist formation top picks vary slightly from the Operators. The following modifications are made to your plugback program to address these variations.

- 1) Plug A, Spot cement as proposed to a minimum depth of 5669' (50' above the top of the Graneros Formation. This plug must be tagged.
- 2) Plug B, In order to properly and abandon the Gallup formation in the pilot bore, this plug must be extended from 4938' to the proposed top 4390'.

All plugs must utilize 100% excess cement for plugs placed in the open hole.

Note: BLM Geologist formation tops are identified as follows:

Mancos @ 3913'

Gallup @ 4888'

Graneros @ 5719'

Dakota @ 5767'

Morrison @ 6067