Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	ral Resources	WELL API NO.	Revised July 18, 2013	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 District III – (505) 334-6178 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			30-045-35482	<u>.                                    </u>
			5. Indicate Type of Lease	
			STATE FEE  6. State Oil & Gas Lease No.	
			LG 5686	
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			Good Times P36-2410	
PROPOSALS.)  1. Type of Well: Oil Well ⊠ Gas Well □ Other			8. Well Number	-2410
			02H	
2. Name of Operator Encana Oil & Gas (USA) Inc.			9. OGRID Number 282327	
3. Address of Operator .			10. Pool name or Wildcat	
370 17th Street, Suite 1700, Denver, Colorado 80202			South Bisti Gallu	p
4. Well Location	. C. al COUTILL 1955	6 . 6	2.11	RCVD AUG 20'14
	eet from the SOUTH line and 255 eet from the SOUTH line and 338			OIL CONS. DIV.
Section: 36 Township				DIST. 3
Section: 30 Township	11. Elevation (Show whether DR,			
	6874' GR		1000	
10 (1 )			<u> </u>	_
12. Check Ap	opropriate Box to Indicate N	ature of Notice,	Report or Other	Data
NOTICE OF INT	ENTION TO:	SUB	SEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING				
<del></del> -	CHANGE PLANS  MULTIPLE COMPL	COMMENCE DRI	<del></del> -	P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	I JOB	
CLOSED-LOOP SYSTEM	•			
OTHER:		OTHER: Tubing	$\boxtimes$	
<ol> <li>Describe proposed or comple of starting any proposed work proposed completion or recor</li> </ol>	c). SEE RULE 19.15.7.14 NMAC			
Ran 155 joints of 2 7/8" J-55 tubing or	2/14/2014 End of tubing at 515	:7'		
Kan 199 Johns of 2 7/8 3-99 tubing of	1 6/14/2014. End of tubing at 313	, ,		
·				
				·
	•			
Future Sunda	es include 2	ruhing V	Deicett	
I hereby certify that the information ab	povers true and complete to the be	est of my knowledge	e and belief	
SIGNATURE CREST	34UFR TITLE Ope	erations Technician	DATE 8/1	8/14
Time on maint Crist: Davis	E mail addresse swist have	oono oom	DHONE, 70	1 10
Type or print Cristi Bauer For State Use Only	E-mail address: <u>cristi.bauer@enc</u>	ana.com	PHONE: <u>//</u>	20-876-5867
			<b></b>	TE 8/25/14
APPROVED BY: <b>D2</b> () Conditions of Approval (if any):	TITLE AV		DA	.1E_0/d5//7
	: V			