Ibmit I Copy To Appropriate District State of New Mexico		Form C-103	
Office District 1 – (575) 393-6161			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		nur ressurees	WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION	DIVISION	30-045-35482
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South Stl fra		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Sonto Eo NIM		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8	PREVIDE	6. State Oil & Gas Lease No. LG 5686
87505			LG 3080
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.)		Good Times P36-2410	
1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other		8. Well Number	
2. Name of Operator		02H 9. OGRID Number	
Encana Oil & Gas (USA) Inc.		282327	
3. Address of Operator		10. Pool name or Wildcat	
370 17 <sup>th</sup> Street, Suite 1700, Denver, Colorado 80202		South Bisti Gallup	
4. Well Location			RCVD OCT 1'14
SHL: Unit Letter: <u>P 1311</u> feet from the SOUTH line and <u>255</u> feet from the EAST line <b>DIL CONS. DIV.</b>			
BHL: Unit Letter: <u>M 859</u> feet from the SOUTH line and <u>338</u> feet from the WEST line <b>DIST. 3</b>			
Section: 36 Township 24N Range 10W NMPM San Juan County			
6874' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR	
TEMPORARILY ABANDON		COMMENCE DRI	
PULL OR ALTER CASING		CASING/CEMENT	
	- —		
CLOSED-LOOP SYSTEM	]		
OTHER:	]	OTHER: Post In	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
of starting any proposed v proposed completion or re-		C. For Multiple Cor	npletions: Attach wellbore diagram of
proposed completion or re	ecompletion.		
Gas Lift was installed on the Good	l Times P36-2410 02H on 8/14/14.		

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

BAUER Resti SIGNATURE

**Operations** Technician

29/14 DATE

Type or print <u>Cristi Bauer</u> For State Use Only E-mail address: cristi.bauer@encana.com

TITLE

PHONE: <u>720-876-5867</u>

APPROVED BY: <u>Bull</u> Conditions of Approval (if any):

TITLE TITLE DATE 10/24/14