• -						
Furm 3160-5 (March 2012)	UNITED STAT	EINTERIOR 🖤	)MFIDENTI		FORM ADDRESSEIVED OMB No. 1004-0137 ppires: October 31, 2014	
	BUREAU OF LAND MA RY NOTICES AND REF		e	5. Lease Serial No. NMNM 118127	JAN 2 8 2015	
Do not use ti	his form for proposals ell. Use Form 3160-3 (	to drill or to re-e	enter`an` \ 📪 🗉	6. If Indian, Allottee o -N/A		
	UBMIT IN TRIPLICATE - Oth	er instructions on page	Nº 22 2015	7. If Unit of CA/Agre Pending	ement, Name and UriNo. CI-III	
1. Type of Well	Gas Well 🗍 Other			8. Well Name and No		
2. Name of Operator Encana Oil & Gas (USA) Inc.		Bysenet	· · · · · · · · · · · · · · · · · · ·	Lybrook A12-2306 9. API Well No. 301039-31219	01H	
3a. Address		3b. Phone No. (inclu	de area code)	10. Field and Pool or	Exploratory Area	
370 17th Stroot, Suite 1700 Denver, CO 80202 720-876-5		720-876-5867				
I. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) HL: 81'FNL and 264' FEL Section 12, T23N, R6W HL: 330'FSL and 400'FEL Section 12, T23N, R6W			11. County or Parish, State Rio Arriba, NM			
12.	CHECK THE APPROPRIATE I	BOX(ES) TO INDICATI	E NATURE OF NOTIC	CE, REPORT OR OTH	IER DATA	
TYPE OF SUBMISSION	SSION T			TYPE OF ACTION		
Notice of Intent	Acidize	Deepen Fracture Tre	=	uction (Start/Resume)	Water Shut-Off	
Subsequent Report	Casing Repair	New Constr	uction 🔲 Reco	mplete	Other Conductor, Spud,	
Final Abandonment Notice	Change Plans	Plug and Ah	'	porarily Abandon er Disposal	Surface Casing/Cement	
Set 20" 94# conductor at 60' o Well <u>spudd</u> ed <u>11/18/1</u> 4 Set surface casing string 11/11 Hole diameter: <u>12.25</u> ", casing Casing <u>set</u> from surface to <u>530</u>	8/14. Gelled freshwater mud s diameter: 9.625", casing weig	system.		25" <u>hole from 0-530'</u>	IVD/MD.	
Pumped 247 sacks of Type III 11/18/14 . <u>Circulated</u> 20bbls to			sly-E-Flake, yield 1.13	7 cuft/sk, mixed at 15	5.8 ppg on	
Float collar at 485'. TOC at su						
Tested BOP 11/19/14 to 3000 Started drilling out cement at 4		drop. Tested casing 1	1/19/14 to 1500# for	30 minutes. No pres	sure dróp.	
14. I hereby certify that the foregoing	ing is true and correct. Name (Prin	nted/Typed)			······································	
Cristi Bauer			Title Operations Technician			
Signature CRD	; BAUER	Date	1/21/1	5		
	THIS SPAC	E FOR FEDERAL	OR STATE OF	FICE USE		
Approved by Conditions of approval, if any, are a that the applicant holds legal or equentiale the applicant to conduct oper	iitable title to those rights in the sub		fille Office ACCEPT	TED FOR RECOR	Date	
	fitle 43 U.S.C. Section 1212, make			to make to any, departme	nt or agency of the United States any fals	
(Instructions on page 2)		NEACON	FARMIŅ	GTON FIELD OFFICE	lat.	