Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised July 18, 2013 District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-043-21183 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM LG-3925 87505 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 Lybrook H36A-2307 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 01H 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number 282327 Encana Oil & Gas (USA) Inc. 3. Address of Operator 10. Pool name or Wildcat 370 17th Street, Suite 1700 Denver, CO 80202 Lybrook Gallup 4. Well Location SHL: Unit Letter H: 1598 feet from the NORTH line and 436 feet from the EAST line Section Township 23N Range 7W NMPM Sandoval County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 7263' 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 WORK П ALTERING CASING □ CHANGE PLANS П COMMENCE DRILLING OPNS. P AND A **TEMPORARILY ABANDON** П PULL OR ALTER CASING MULTIPLE COMPL \Box CASING/CEMENT JOB DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** \Box OTHER: Post-Install Gas Lift 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 proposed completion or recompletion. Gas lift was installed on the Lybrook H36A-2307 01H on 06/26/2014. RECEIVED FFB 0 4 2015 NMOCD DISTRICT III I hereby certify that the information above is true and complete to the best of my knowledge and belief. JAN 30 2015 SIGNATURE TITLE Regulatory Analyst DATE Type or print name Rosalie Thim E-mail address: rosalie.thim@encana.com_PHONE: 720-876-3740 For State Use Only DEPUTY OIL & GAS INSPECTION DISTRICT #3 DATE 2/4/15 APPROVED BY: // TITLE Conditions of Approval (if any) KC