

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONFIDENTIAL

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.**

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Encana Oil & Gas (USA) Inc.

3a. Address

370 17th Street, Suite 1700 Denver, CO 80202

3b. Phone No. (include area code)

720-876-5867

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SHL: 253' FSL and 937' FEL Section 26, T23N, R6W
BHL: 350' FSL and 350' FEL Section 36, T23N, R6W
650' 330'

5. Lease Serial No.

NMNM 17009

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit of CA/Agreement, Name and/or No.

NMNM 131017X

8. Well Name and No.

Gallo Canyon Unit P26-2306 02H

9. API Well No.

30-043-21209

10. Field and Pool or Exploratory Area

Counselors Gallup-Dakota

11. County or Parish, State

Sandoval County, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Intermediate
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Casing/Cement
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Set intermediate casing string 12/18/14. Gelled freshwater mud system.

Hole diameter: 8.75", casing diameter: 7", casing weight and grade: 26ppf J-55 LTC. Depth of 8.75" hole from 0-5471'TVD/MD. Intermediate casing set from surface to 5471'MD. Did not run DV Tool. Top of float collar at 5469' MD. TOC at surface and BOC at 5471'MD. ✓

Stage 1 Lead: Cement (pumped 12/18/14) 507 sks Premium Lite FM+ 3% CaCl₂ + 0.25/sk Cello Flake + 5#/sk LCM-1 + 8% Bentonite + 0.4% FL-52A + 0.4% Sodium Metasilicate. Mixed at 12.1 ppg. Yield 2.13 cuft/sk.

Stage 1 Tail: Cement (pumped 12/18/14) 397 sks Type III Cement + 1% CaCl₂ + 0.25#/sk Cello Flake + 0.2% FL-52A. Mixed at 14.6 ppg. Yield 1.38 cuft/sk. No cement returns to surface. WOC 8 hours. Completions will run a CBI prior to operations.

Tested BOP 12/19/14 to 3000# for 30minutes. No pressure drop. Tested casing 12/19/14 to 1500# for 30 minutes. No pressure drop. ✓

Started drilling out cement on 12/19/14.

RECEIVED

JAN 28 2015

ACCEPTED FOR RECORD

JAN 26 2015

FARMINGTON FIELD OFFICE

BY: William Tambakan

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Cristi Bauer

DISTRICT

Title Operations Technician

Signature

Cristi Bauer

Date

1/22/15

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMCCD