

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS **Feb 03 2015**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM 55836

6. If Indian, Allottee or Tribe Name
N/A

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)
720-876-3740

7. If Unit of CA/Agreement, Name and/or No.
N/A NMNM133646

8. Well Name and No.
Lybrook H04-2208 01H

9. API Well No.
30-045-35328

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SHL: 1980' FNL and 330' FEL Sec 4, T22N, R8W
BHL: 1994' FNL and 342' FWL Sec 4, T22N, R8W

10. Field and Pool or Exploratory Area
Basin Mancos

11. Country or Parish, State
San Juan 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 First Oil Production |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| | <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 recompleat 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 recompleat 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.)

Ready Date: 12/07/2014 Test Date: 12/13/2014 Hours Tested: 24hrs Test Production ----- Oil BBL: 214 Gas MCF: 869
Water BBL: 262 Oil Gravity: Unknown Gas Gravity: Unknown Production Method: Flowing

Choke Size: 35/64" Tubg. Press Flwg. SI: 404 Csg. Press: 756 24 Hr. Rate ----- Oil BBL: 214 Gas MCF: 869 Water BBL: 262
Gas/Oil Ratio: 4061 cuft/bbl

RECEIVED

FEB 12 2015

NMOCD
DISTRICT III

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)
Rosalie Thim

Title Regulatory Analyst

Signature

Rosalie Thim

Date

JAN 30 2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title
Office

ACCEPTED FOR RECORD

Date

FEB - 6 2015

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.

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)

NMOCD

FARMINGTON FIELD OFFICE
BY *[Signature]*