Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT.

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

5. Lease Serial No. NMNM 112953 NMNM 109386

SUNDRY NOTICES AND REPORTS ON WELLS 3 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.

NMNM 112953 NMNM 109386
6. If Indian, Allottee or Tribe Name
N/A

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SUBMIT IN TRIPLICATE – Other instructions or page 22 ໄດ້ເຂົ້າ ເຂົ້າ					7. If Unit of CA/Agreement, Name and/or No.				
1. Type of Well					NA NMNM 133060				
✓ Oil Well Gas Well Other					8. Well Name and No. Lybrook P28-2306 02H				
2. Name of Operator Encana Oil & Gas (USA) Inc.					9. API Well No. 30-043-21177				
3a. Address 3b. Phone No. (include area code)					10. Field and Pool or Exploratory Area				
Denver, CO 80202 720-876-3740					Lybrook Gallup III. Country or Parish. State				
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 348' FSL and 1252' FEL Sec 28, T23N, R6W BHL: 2347' FNL and 383' FEL Sec 4, T22N, R6W					Sandoval County, NM				
12. CHEC	K THE APPROPRIATE BOX(ES) T	FO INDICATE 1	NATURE OF NOTIC	CE, REPORT	OR OTHE	R DATA	,·	·	
TYPE OF SUBMISSION	TYPE OF ACTION								
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	eat Reclamation			Well Integrity			
Subsequent Report	Casing Repair Change Plans	New Construc Plug and Aban		omplete porarily Aband	don	Other First Oil Production			
Final Abandonment Notice	Convert to Injection	Plug Back	Wate	er Disposal					
following completion of the involve testing has been completed. Final determined that the site is ready for Ready Date: 9/20/2014 Test D. Water BBL: 499 Oil Gravity: Ur. Choke Size: 28/64" Tubg. Press Water BBL: 499 Gas/Oil Ratio:	Pate: 9/24/2014 Hours Testensknown Gas Gravity: Unknown Flwg. SI: 780 Csg. Press: 10	ts in a multiple c only after all req ed: 24hrs Te Productio	completion or recomputements, including est Productionon Method: Flowing	PEB 1	ew interval, have been a second secon	a Form 3160-4 must be completed and the open MCF: 2634	e filed	once	
14. I hereby certify that the foregoing is t Name (Printed/Typed)	rue and correct.		D. L. L. L. A. albar						
Rossalie Thim Signature Cool 1	Ohain)	Title	Regulatory Analyst		1 3 0 20	115			
	THIS SPACE FOR	FEDERAL (OR STATE OF			118			
Approved by						D FOR RECO	RD		
Approved by			itle	AC		Date			
Conditions of approval, if any, are attache that the applicant holds legal or equitable entitle the applicant to conduct operations	title to those rights in the subject lease v	rrant or certify	Office		FEB				
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								any false,	
fictitious or fraudulent statements or representations as to any matter within its jurisdiction.					MINAT	ON FIELD OF	ICF		
(Instructions on page 2)		8 # 8 ጠ ም ም ም	9 m	BY	$\langle \uparrow \uparrow \rangle$			1	
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