Form 3160-5 (August 2007)	UNITED STATE DEPARTMENT OF THE BUREAU OF LAND MAN		03 20 NMNM 112953	FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010	
SUNDRY NOTICES AND REPORTS ON WELLS       6. If Indian, Allottee or Tribe Name         Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.       N/A					
	SUBMIT IN TRIPLICATE – Other		7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well		N/A     8. Well Name and N			
Oil Well	Gas Well Other	Lybrook M28-230	Lybrook M28-2306 01H		
2. Name of Operator Encana Oil & Gas (USA) Inc.     3a. Address     3b. Phone No. (include area code)			9. API Well No. 30-043-21178	30-043-21178 10. Field and Pool or Exploratory Area	
3.1. Address         3.0. Fiblic NO. (include area code)           370 17th Street, Suite 1700         720-876-3740			Lybrook Gallup		
4. Location of Well (Foota SHL: 354' FSL and 1265' FWL Se BHL: 338'FSL and 400'FWL Sec	ge, Sec., T., R., M., or Survey Descriptior c 28, T23N, R6W 13, T23N, R6W	,	11. Country or Parish, State Sandoval County, New Mexico		
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA					
TYPE OF SUBMIS	TYPE OF SUBMISSION     TYPE OF ACTION				
Notice of Intent	Acidize	Deepen Fracture Treat	Production (Start/Resume) Reclamation	Well Integrity	
Subsequent Report	Gasing-Repair Gasing-Repair Change Plans	New Construction	⊷ ⊷ Récomplete □ Temporarily Abandon	Other-Tubing: & Rost-Install Gas Lift	
Final Abandonment M		Plug Back	Water Disposal		
following completion testing has been compl determined that the sit	which the work will be performed or profit the involved operations. If the operations. If the operative is ready for final inspection.) 1-55 tubing on 9/11/2014. End of tubes of the performance of the p	ion results in a multiple completion be filed only after all requirements ping at 5871'. YED 015 D	or recompletion in a new inter-	val, a Form 3160-4 must be filed once een completed and the operator has	
<ol> <li>I hereby certify that the Name (Printed/Typed)</li> <li>Rosalie Thim</li> </ol>	foregoing is true and correct.	Title Regulato	ry Analyst		
Signature Delie This Date			atc JAN 30 2015		
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)					

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