Submit 1 Copy To Appropriate District Form C-103 State of New Mexico Office Revised July 18, 2013 Energy, Minerals and Natural Resources 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 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (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 1. Type of Well: Oil Well Gas Well Other 01H 9. OGRID Number 2. Name of Operator Encana Oil & Gas (USA) Inc. 282327 3. Address of Operator 10. Pool name or Wildcat 370 17th Street, Suite 1700 Denver, CO 80202 Lybrook Gallup 4. Well Location Unit Letter <u>H</u>: 1598 feet from the NORTH line and 436 feet from the EAST line Township 23N 7W NMPM Sandoval County Range 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 □ **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A \Box MULTIPLE COMPL П **CASING/CEMENT JOB** PULL OR ALTER CASING DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM** OTHER: OTHER: 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. The Lybrook H36A-2307 01H well reported first gas sales on 8/6/14 and first oil sales on 7/2/14. RECEIVED FEB 04 2015 NMOCD I hereby certify that the information above is true and complete to the best of my knowledge and belief. JAN 30 2015 TITLE Regulatory Analyst DATE SIGNATURE Type or print name Rosalie Thim E-mail address: rosalie.thim@enanca.com PHONE: 720-876-3740 For State Use Only ACCEPTED FOR RECORD APPROVED BY: TITLE DATE Conditions of Approval (if any):