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	UNITED STATE PARTMENT OF THE D EAU OF LAND MAN	RE	CEIVE	E: 5. Lease Serial No.	FORM APPROVED OMB No. 1004-0137 kpires: October 31, 2014	
SUNDRY NOTICES AND REPORTS ON WELLS					NMNM 112955 6. If Indian, Allottee or Tribe Name	
Do not use this f	form for proposals t Use Form 3160-3 (A	o drill or to	re-enter an	ton Field	and a second s	I THUE Name
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well					N/A	
✓ Oil Well Gas Well Other					8. Well Name and No. Escrito E07-2409 01H	
2. Name of Operator Encana Oil & Gas (USA) Inc.					9. API Well No. 30-045-35432	
				Include area code) 10. Field and Pool or Exploratory Area   Bisti Lower-Gallup		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 1640' FNL and 262' FWL Section 7, T24N, R10W BHL: 1317' FNL and 336' FWL Section 12, T24N, R10W				11. County or Parish, State San Juan County, NM		
12 CHE(	CK THE APPROPRIATE BO	X(ES) TO IND	CATE NATURE	OF NOTIC	E REPORT OR OTH	FR DATA
TYPE OF SUBMISSION				PE OF ACT		
	Acidize	Deep			uction (Start/Resume)	Water Shut-Off
Votice of Intent	Alter Casing		ire Treat		mation	Well Integrity
Subsequent Report	Casing Repair	New	Construction	Reco	mplete	✓ Other Revised Site Facility
	Change Plans	Plug a	and Abandon	Temp	oorarily Abandon	Reclamation Layout
Final Abandonment Notice	Convert to Injection	Plug 1	Back	Wate	r Disposal	
Encana Oil & Gas (USA) Inc. has c				approtoa		
						NMOCD
						MAR 1 6 2018
						ISTRICT III
14. I hereby certify that the foregoing is	true and correct. Name (Printe	d/Typed)				
Steven Merrell Title Senior Regulatory Analyst						
Signature Flynn	Date 03/06/2018					
	THIS SPACE	FOR FEDE	RAL OR ST	ATE OFF	ICE USE	
Approved by SMALN	hor			G.M	NRS	3/6/18
Conditions of approval, if any, are attached that the applicant holds legal or equitable entitle the applicant to conduct operations	d. Approval of this notice doe title to those rights in the subje			90		Date 7/8/18
	U.S.C. Section 1212, make it			d willfully to	o make to any departmer	t or agency of the United States any false,
(Instructions on page 2)						
		NM	OCD			

