

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

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

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

MAR 26 2014

5. Lease Serial No.  
NMNM 16760 & NMNM 36473  
6. If Indian, Allottee or Tribe Name  
N/A  
Bureau of Land Management  
Farmington Field Office

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No. N/A
2. Name of Operator Encana Oil & Gas (USA) Inc.		8. Well Name and No. Escrito L17-2409 01H
3a. Address 370 17th Street, Suite 1700 Denver, CO 80202	3b. Phone No. (include area code) 720-876-3941	9. API Well No. 30-045-35487
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 1730' FSL and 310' FWL Sec 17, T24N, R9W BHL: 2200' FSL and 330' FWL Sec 18, T24N, R9W		10. Field and Pool or Exploratory Area Bisti Lower-Gallup
		11. Country or Parish, State San Juan, 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 <u>Casing/Cement</u>
	<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 recomplete 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 recompletion 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.)

Set intermediate casing string 3/18/14. Gelled freshwater mud system.

Hole diameter: 8.75", casing diameter: 7", casing weight and grade: 26ppf J-55 LTC. Depth of 8.75" hole from 0-5760'TVD/MD.

Casing set from surface to 5677'MD. Stage tool at 1656'. Top of float collar at 5631' MD. TOC at surface and BOC at 5677'MD.

Cement pumped 3/19/14

Lead: 325sks Premium Lite FM + 3% CaCl<sub>2</sub> + 0.25#/sk Celloflake + 5#/sk LCM-1 + 8% Bentonite + 0.4% FL-52A + 0.4% Sodium Metasilicate, mixed at 12.1 ppg, yield 2.13 cuft/sk.

Tail: 378sks Type III Cement + 1% bwoc CaCl + 0.25 lbs/sk cello flake + 0.2% bwoc FL-52A, yield 1.38 cuft/sk, mixed at 14.6 ppg. 12 bbls circulated to surface, WOC 10 hours.

Tested BOP 3/19/14 to 3000# for 30minutes. No pressure drop. Tested casing 3/19/14 to 1500# for 30 minutes. No pressure drop. ✓

Started drilling out cement 3/19/14

RCVD MAR 28 '14  
OIL CONS. DIV.  
DIST. 3

ACCEPTED FOR RECORD

MAR 26 2014

FARMINGTON FIELD OFFICE  
BY: William Lamb

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Robynn Haden	Title Engineering Technologist
Signature <u>Robynn Haden</u>	Date <u>3/25/14</u>

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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