

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.

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		5. Lease Serial No. NMMN 118127
2. Name of Operator Encana Oil & Gas (USA) Inc.		6. If Indian, Allottee or Tribe Name N/A
3a. Address 370 17th Street, Suite 1700 Denver, CO 80202	3b. Phone No. (include area code) 720-876-5867	7. If Unit of CA/Agreement, Name and/or No. N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 739' FSL, 2512' FEL Section 1, T23N, R6W BHL: 330' FSL, 1920' FEL Section 12, T23N, R6W		8. Well Name and No. Lybrook O01-2306 02H
		9. API Well No. 30-039-31221
		10. Field and Pool or Exploratory Area Counselors Gallup Dakota
		11. County or Parish, State Rio Arriba County, New Mexico

DEC 31 2014

Farmington Field Office
Bureau of Land Management

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 Intermediate
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Casing/Cement
	<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 11/10/14. 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 0-5720'TVD/MD.

Casing set from surface to 5640'MD. No DV Tool. Top of float collar at 5593' MD. TOC at surface and BOC at 5640'MD. ✓

Lead Cement pumped 11/11/14: 526 sks Premium Lite FM + 3% CaCl₂ + 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 Cement pumped 11/11/14: 400 sks 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. 94 bbls circulated to surface. WOC 8 hours.

Tested BOP 11/12/14 to 3000# for 30minutes. No pressure drop. Tested casing 11/12/14 to 1500# for 30 minutes. No pressure drop. ✓

Started drilling out cement 11/12/14.

OIL CONS. DIV DIST.

JAN 12 2015

ACCEPTED FOR RECORD

JAN - 9 2015

FARMINGTON FIELD OFFICE
BY: D PORCH

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)	
Cristi Bauer	Title Operations Technician
Signature <u>Cristi Bauer</u>	Date <u>12/30/14</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)