

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONFIDENTIAL

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. NMNM 118128	
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		7. If Unit of CA/Agreement, Name and/or No. NMNM 131017X	
3b. Phone No. (include area code) 720-876-5867		8. Well Name and No. Gallo Canyon Unit H33-2306 01H	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 1465' FNL and 64' FEL Section 33, T23N, R6W BHL: 330' FSL and 2215' FEL Section 34, T23N, R6W		9. API Well No. 30-043-21233	
		10. Field and Pool or Exploratory Area Counselors Gallup-Dakota	
		11. County or Parish, State Sandoval, NM	

JAN 26 2015

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 12/22/14. 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 0-5602' TVD/MD. Intermediate casing set from surface to 5602' MD. Did not run DV Tool. Top of float collar at 5555' MD. TOC at surface and BOC at 5602' MD. ✓

Stage 1 Lead: Cement (pumped 12/23/14) 483 sks Premium Lite FM+ 3% CaCl2 + 0.25/sk Cello Flake + 5#/sk LCM-1 + 8% Bentonite + 0.4% FL-52A + 0.4% Sodium Metasilicate. Mixed at 12.1 ppg. Yield 2.13 cuft/sk.

Stage 1 Tail: Cement (pumped 12/23/14) 368 sks Type III Cement + 1% CaCl2 + 0.25#/sk Cello Flake + 0.2% FL-52A. Mixed at 14.6 ppg. Yield 1.38 cuft/sk. 82 bbls cement to surface. WOC 6.5 hours.

Tested BOP 12/24/14 to 3000# for 30 minutes. No pressure drop. Tested casing 12/24/14 to 1500# for 30 minutes. No pressure drop. ✓  
Started drilling out cement on 12/24/14.

RECEIVED  
JAN 28 2015

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FARMINGTON FIELD OFFICE  
BY: William Tambekou

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) NMOCD  
Cristi Bauer Title DISTRICT Operations Technician  
Signature Cristi Bauer Date 1/23/15

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)

NMOCD