

District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

AMENDED

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-043-21197
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Encana Oil and Gas (USA) Inc.		6. State Oil & Gas Lease No. V-1697, LG-3924
3. Address of Operator 370 17 th Street, Suite 1700 Denver, CO 80202		7. Lease Name or Unit Agreement Name Lybrook L33-2307
4. Well Location Unit Letter <u>L</u> : 1577 feet from the <u>South</u> line and <u>352</u> feet from the <u>West</u> line Section <u>33</u> Township <u>23N</u> Range <u>7W</u> NMPM County <u>Sandoval</u>		8. Well Number 01H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6867' GR		9. OGRID Number 282327
		10. Pool name or Wildcat Alamito-Gallup

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Initial 24 Hour Test <input checked="" type="checkbox"/>	

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.

Ready Date: 10/19/2014 Test Date: 11/09/2014 Hours Tested: 24hrs Test Production ----- Oil BBL: 183 Gas MCF: 544
Water BBL: 122 Oil Gravity: Unknown Gas Gravity: Unknown Production Method: Flowing

Choke Size: 30/64" Tubg. Press Flwg. SI: 428 Csg. Press: 710 24 Hr. Rate ----- Oil BBL: 183 Gas MCF: 544
Water BBL: 122 Gas/Oil Ratio: 2.973 cuft/bbl

OIL CONS. DIV DIST. 3

APR 30 2015

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cristi Bauer TITLE Regulatory Analyst DATE 4/29/15

Type or print name Cristi Bauer E-mail address: Cristi.Bauer@encana.com PHONE: 720-876-5867

For State Use Only

ACCEPTED FOR RECORD

APPROVED BY: _____ TITLE AV DATE _____
Conditions of Approval (if any): _____