| Submit 1 Copy To Appropriate District | State of N | lew Mexico | ARACI | RIDED | Form | C-103 | | |
|---|---|--|--|---|------------------------|------------|--|--|
| Office <u>District I</u> – (575) 393-6161 | Energy, Minerals a | nd Natural R | esolitelyIE | NUEL | Revised Augus | st 1, 2011 | | |
| 1625 N. French Dr., Hobbs, NM 88240 | State of New Mexico Energy, Minerals and Natural Resource | | | *************************************** | | | | |
| District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-039-31134 | | | | |
| <u>District III</u> – (505) 334-6178 | 1220 South | St. Francis I | Or. | 5. Indicate Type of Lease STATE FEE FEE | | | | |
| 1000-Rio Brazos Rd., Aztec, NM 87410 | | NM 87505 | } | 6. State Oil & Gas Lease No. | | | | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | | 11111 0100 | | E 9055 | is iscase ivo. | | | |
| 87505 | | ······································ | | **** | | | | |
| 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 | | | | 7. Lease Name or Unit Agreement Name Escrito A36-2407 | | | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | | | | 8. Well Number 01H | | | | |
| 2. Name of Operator | | | | 9. OGRID Number | | | | |
| Encana Oil & Gas (USA) Inc. CONFIDENTIAL | | | | 282327 | | | | |
| 3. Address of Operator | | | ~2E- | 10. Pool name or Wildcat | | | | |
| 370 17th Street, Suite 1700 Denve | r, CO 80202 | | J | Escrito Gallup (A | ssociated) | | | |
| 4. Well Location | | | A CONTRACTOR OF STATE | | | | | |
| SHL: Unit Letter A: 614 feet from | n the NORTH line and 251 | feet from the | EAST line | | | | | |
| BHL: Unit Letter D: 384 feet from | | | | | | | | |
| Section 36 Township 24N | | Rio Arriba Cou | · · · · · · | | | | | |
| | 11. Elevation (Show whe | | | | | | | |
| | | 6710' KB | ,,,, | | | | | |
| | *** | | | , Paramining | | | | |
| 12 Check | Appropriate Box to Ind | licate Nature | of Notice I | Report or Other | Data | | | |
| 12. CHECK | appropriate box to me | neate (value | or nonce, i | report of Other | Data | | | |
| NOTICE OF IN | ITENTION TO: | | SUBS | SEQUENT RE | PORT OF: | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | ☐ REM | MEDIAL WORK | · · · · · · · · · · · · · · · · · · · | ALTERING CAS | ING 🗌 | | |
| TEMPORARILY ABANDON | CHANGE PLANS | CO | MMENCE DRIL | LING OPNS. | P AND A | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | | SING/CEMENT | | | | | |
| DOWNHOLE COMMINGLE | | _ | | | | | | |
| OTHER: | | □ ОТІ | HER: | | | | | |
| 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. | | | | | | | | |
| proposed completion or rec | compiction. | | | | | | | |
| Utilized synthetic oil-base mud syst | em from intermediate casin | io naint (5677' | To TD of late | ral | | | | |
| othized symmetre on-oase mad syst | em nom memorate cash | ig point (5077 |) to 115 of late | iai. | | | | |
| Kicked off lateral at 4919'MD on 10/23/12. Landed lateral at 5791' on 10/29/12. Length of lateral: 3954'. TD of 9745'MD/5420'TVD reached 11/1/12. Set production liner 11/4/12. | | | | | | | | |
| Hole diameter: 6 1/8", production st | tring diameter: A 14" produ | ction string we | ight and grade | · 11.6# \$B\$0.1.TC | Depth of 6 1/8" | hale from | | |
| 5767'MD to 9745'MD. Float shoe a | | | | | | noic from | | |
| | | | | | | | | |
| Set 16 external swellable casing page (5) 8507' (6) 8246' (7) 7984' (8) 776 | | | | (14) 6278' (15) 60 | 16' (16) 5779' | | | |
| Rig released 11/5/12. | | D: D t | D . 11/5/13 | OIL CON | S. DIV DIST. 3 | | | |
| Spud Date: 10/18/12 | | Rig Release | Date: 11/5/12 | | | | | |
| | | | | M 0/ | 27 2012 | | | |
| | | | | | | | | |
| I hereby certify that the information | above is true and complete | e to the best of | my knowledge | e and belief. | | | | |
| | | | - | | 1 1 | | | |
| SIGNATURE JManda G | avit TITL | E Engineering | <u>Technologist</u> | DA | TE <u>[[/27//2</u> | ~ | | |
| . / | | | | | | | | |
| Type or print name Amanda Cavoto | 2 E-mail address: amanda. | cayoto@encai | ia.com | PHON | E: <u>720-876-3437</u> | | | |
| For State Use Only | | | | | | | | |
| // // | \sim 4 | | 0.1.0.0 | 1 | | | | |
| APPROVED BY: Brank | | Debuty (| Oil & Gas | inspector, | , <i>I</i> | 1 | | |
| THE ROY BUILTY FUN -1 1 | TITLI | Deputy - | Oil & Gas District # | Inspector, 3D | ATE 11/27/ | 12 | | |
| Conditions of Approval (if any): | al TITLI | E | Oil & Gas District # | inspector, | ATE 11/27/ | 12 | | |

| Submit 1 Copy To Appropriate District | State of New M | lexico | Form C-103 | | | | | |
|---|-------------------------------------|-------------------------|--|--|--|--|--|--|
| Office District I – (575) 393-6161 | Energy, Minerals and Na | tural Resources | Revised August 1, 2011 | | | | | |
| 1625 N. French Dr., Hobbs, NM 88240 | , | | WELL API NO. | | | | | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | N DIVISION | 30-039-31134 | | | | | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Fra | ancis Dr. | 5. Indicate Type of Lease | | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 8 | | STATE FEE | | | | | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Sunta 1 0, 14171 | | 6. State Oil & Gas Lease No. E 9055 | | | | | |
| | CES AND REPORTS ON WELL | .S | 7. Lease Na | ame or Unit Agreement Name | | | | |
| (DO NOT USE THIS FORM FOR PROPOSITION OF THE PROPOSALS.) | Escrito A36-2407 | | | | | | | |
| 1. Type of Well: Oil Well | 8. Well Number 01H | | | | | | | |
| 2. Name of Operator Encana Oil & Gas (USA) Inc. | 9. OGRID Number 282327 | | | | | | | |
| 3. Address of Operator 370 17 th Street, Suite 1700 Denver, CO 80202 | | | | 10. Pool name or Wildcat Escrito Gallup (Associated) | | | | |
| 4. Well Location | A NORTH I LOSI C . C | J. D. C. C. | | . | | | | |
| SHL: Unit Letter A: 614 feet from | | | | | | | | |
| BHL: Unit Letter D: 384 feet from | | om the <u>WEST</u> line | | | | | | |
| Section 36 Township 24N Range 7W NMPM Rio Arriba County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | | | |
| |) | | | | | | | |
| | | | | | | | | |
| 12. Check A | appropriate Box to Indicate | Nature of Notice, | Report or C | Other Data | | | | |
| NOTICE OF IN | TENTION TO | CUD | CECHENT | DEDODT OF | | | | |
| · | TENTION TO: | REMEDIAL WOR | | REPORT OF: | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON CHANGE PLANS | | ☐ ALTERING CASING ☐ | | | | | |
| TEMPORARILY ABANDON DULL OR ALTER CASING | ILLING OPNS. | | | | | | | |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE | MULTIPLE COMPL | CASING/CEMEN | I JOB | | | | | |
| OTHER: | | OTHER: | | | | | | |
| | leted operations. (Clearly state al | | d give nertiner | nt dates, including estimated date | | | | |
| | ork). SEE RULE 19.15.7.14 NMA | | | | | | | |
| proposed completion or rec | | • | • | 5 | | | | |
| | | | | | | | | |
| Utilized synthetic oil-base mud syste Set production liner 11/4/12. | ım, kicked off 3896' lateral at 491 | 9'MD on 10/23/12. | ΓD of 9745'M | D/5420'TVD reached 11/1/12. | | | | |
| | | | | | | | | |
| Hole diameter: 6 1/8", production str 5767'MD to 9745'MD. Float shoe at | | | | | | | | |
| Set 16 external swellable assing page | care for icalation of production st | ring at the following | donthe: (1) 051 | 12' (2) 0251' (2) 2002' (4) 2771' | | | | |
| Set 16 external swellable casing packers for isolation of production string at the following depths: (1) 9512' (2) 9251' (3) 8992' (4) 8771' (5) 8507' (6) 8246' (7) 7984' (8) 7764' (9) 7541' (10) 7279' (11) 7018' (12) 6757' (13) 6536' (14) 6278' (15) 6016' (16) 5779' | | | | | | | | |
| Rig released 11/5/12. | | | | RCVD NOV 15'12 | | | | |
| | | | | OIL CONS. DIV. | | | | |
| Spud Date: 10/18/12 | Rig | Release Date: 11/5/1 | 2 | DIST. 3 | | | | |
| | | | | | | | | |
| TSee Amended | form for | Correctio | 25 | , | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | |
| SIGNATURE Manda Cando TITLE Engineering Technologist | | | | _DATE_ <u> </u> //3//2 | | | | |
| Type or print name Amanda Cavoto E-mail address: amanda.cavoto@encana.com | | | | | | | | |
| For State Use Only | | | | | | | | |
| APPROVED BY: | TITLE | | | DATE | | | | |
| Conditions of Approval (if any): | IIILL | | | | | | | |