

Submit 1 Copy To Appropriate District Office
 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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-043-21195
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM6682
7. Lease Name or Unit Agreement Name Lybrook E33-2307
8. Well Number 01H
9. OGRID Number 282327
10. Pool name or Wildcat Basin Mancos
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6853' GR

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Encana Oil and Gas (USA) Inc.

3. Address of Operator
370 17th Street, Suite 1700 Denver, CO 80202

4. Well Location
 Unit Letter E: 1741 feet from the North line and 549 feet from the West line
 Section 33 Township 23N Range 7W NMPM County Sandoval

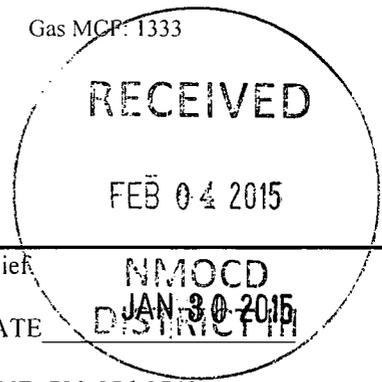
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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: Completions <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: 10/16/2014 Test Date: 10/31/2014 Hours Tested: 24hrs Test Production ----- Oil BBL: 363 Gas MCF: 1333
 Water BBL: 362 Oil Gravity: Unknown Gas Gravity: Unknown Production Method: Flowing

Choke Size: 46/64" Tubg. Press Flwg. SI: 377 Csg. Press: 801 24 Hr. Rate ----- Oil BBL: 363 Gas MCF: 1333
 Water BBL: 362 Gas/Oil Ratio: 3672 cuft/bbl



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

SIGNATURE Rosalie Thim TITLE Regulatory Analyst DATE _____

Type or print name Rosalie Thim E-mail address: rosalie.thim@enanca.com PHONE: 720-876-3740

For State Use Only

ACCEPTED FOR RECORD

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