

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

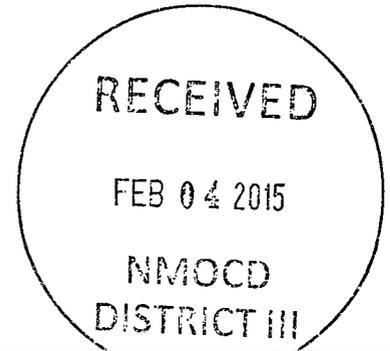
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name Lybrook E33-2307
	8. Well Number 01H
2. Name of Operator Encana Oil and 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 Basin Mancos
4. Well Location Unit Letter <u>E</u> : <u>1741</u> feet from the <u>North</u> line and <u>549</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>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6853' GR	

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

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

Gas lift was installed on the Lybrook E33-2307 01H on 10/17/2014.



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

JAN 30 2015

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

APPROVED BY: [Signature] TITLE DEPUTY OIL & GAS INSPECTOR DISTRICT # 3 DATE 2-4-15
 Conditions of Approval (if any): AV