

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

400127644

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100185 4. Contact Name: Heather Mitchell
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-103-09971-00 6. County: RIO BLANCO
 7. Well Name: HELLS HOLE FED Well Number: 9120
 8. Location: QtrQtr: NWNW Section: 13 Township: 2S Range: 104W Meridian: 6
 9. Field Name: HELLS HOLE CANYON Field Code: 34175

Completed Interval

FORMATION: MANCOS B Status: PRODUCING

Treatment Date: 12/18/2010 Date of First Production this formation: 12/25/2010

Perforations Top: 4125 Bottom: 4302 No. Holes: 22 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole:

7& 7R treated with a total of: 2598 bbls of Lightning 16, 1000 gals of 7.5% HCL , 15000 lbs 20-40 Sand, 15000 lbs 20-40 Super LC 20/40, 120000 lbs 20-40 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 162 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 162 Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 55 Tubing PSI: 255 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4379 Tbg setting date: 12/22/2010 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: NIOBRARA Status: SHUT IN

Treatment Date: 07/05/2010 Date of First Production this formation: 08/24/2010

Perforations Top: 4754 Bottom: 6609 No. Holes: 288 Hole size: 0.44

Provide a brief summary of the formation treatment: _____ Open Hole:

Stages 01-06, 1R treated with a total of: 53,830 bbls of Slickwater, 1000 gals of 15% HCL, 383,000 lbs 100 Sand, 595,651 lbs 40-70 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1478 Bbls H2O: 281

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1478 Bbls H2O: 281 GOR: _____

Test Method: FLOWING Casing PSI: 35 Tubing PSI: 125 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4753 Tbg setting date: 08/13/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: 12/10/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 4680 Sacks cement on top: _____

Comment: _____

See attached approved tight hole sundry

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Heather Mitchell

Title: Regulatory Analyst Date: _____ Email heather.mitchell@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC _____ Date: _____

Attachment Check List

Att Doc Num	Name
400127650	WELLBORE DIAGRAM
400127651	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)