

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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Document Number:

400127644

COMPLETED INTERVAL REPORT

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: <u>MANCOS B</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/18/2010</u>	Date of First Production this formation: <u>12/25/2010</u>
Perforations Top: <u>4125</u> Bottom: <u>4302</u>	No. Holes: <u>22</u> Hole size: <u>0.37</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>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.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/25/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>162</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>162</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>55</u> Tubing PSI: <u>255</u> Choke Size: <u>48/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>4379</u> Tbg setting date: <u>12/22/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: <u>NIOBRARA</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>07/05/2010</u>		Date of First Production this formation: <u>08/24/2010</u>	
Perforations	Top: <u>4754</u>	Bottom: <u>6609</u>	No. Holes: <u>288</u>
		Hole size: <u>0.44</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>08/28/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1478</u>
		Bbls H2O: <u>281</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1478</u>
		Bbls H2O: <u>281</u>	GOR: <u> </u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>35</u>	Tubing PSI: <u>125</u>	Choke Size: <u>64/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u> </u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4753</u>	Tbg setting date: <u>08/13/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production:			
Date formation Abandoned: <u>12/10/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u>4680</u>		Sacks cement on top: <u> </u>	

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)