

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2288325 Date Received: 04/18/2012

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 2. Name of Operator: ENCANA OIL & GAS (USA) INC 3. Address: 370 17TH ST STE 1700 City: DENVER State: CO Zip: 80202- 4. Contact Name: RUTHANN MORSS Phone: (720) 876-5060 Fax: (720) 876-6060

5. API Number 05-045-09328-00 6. County: GARFIELD 7. Well Name: HILL Well Number: 9-10B (J9E) 8. Location: QtrQtr: NWSE Section: 9 Township: 7S Range: 92W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: SHUT IN Treatment Type:

Treatment Date: 09/29/2011 End Date: Date of First Production this formation:

Perforations Top: 3292 Bottom: 3510 No. Holes: 116 Hole size: 38/100

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

STAGES 03 TREATED WITH NA TOTAL OF: NO FRAC - PREPPING WELLBORE FOR INJECTION.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2517 Tbg setting date: 10/01/2011 Packer Depth:

Reason for Non-Production: SUB ECONOMIC

Date formation Abandoned: 09/29/2011 Squeeze: [] Yes [X] No If yes, number of sacks cmt

Bridge Plug Depth: 3640 Sacks cement on top: 2

FORMATION: WASATCH Status: SHUT IN Treatment Type: _____
 Treatment Date: 09/30/2011 End Date: _____ Date of First Production this formation: _____
 Perforations Top: 2592 Bottom: 3228 No. Holes: 924 Hole size: 38/100

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

STAGES 03 TREATED WITH A TOTAL OF: NO FRAC - PREPPING WELLBORE FOR INJECTION.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2517 Tbg setting date: 10/01/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: 09/29/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 3640 Sacks cement on top: 2

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: RUTHANN MORSS
 Title: REGULATORY Date: 4/16/2012 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2288325 | FORM 5A SUBMITTED |
| 2288326 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)