

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:

2584824

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 05-103-10023-00 6. County: RIO BLANCO  
 7. Well Name: HELLS HOLE FEDERAL Well Number: 9131  
 8. Location: QtrQtr: NESW Section: 13 Township: 2S Range: 104W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: DAKOTA Status: PRODUCING  
 Treatment Date: 08/11/2000 Date of First Production this formation: 08/15/2000  
 Perforations Top: 6890 Bottom: 6988 No. Holes: 192 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
407 BBLs OF YF 340 LPH FLUID/GEL & CO2 FOAM  
CIBP SET AT 6885 ON 7/2/2005 AND DRILLED OUT ON 10/15/2010  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/15/2000 Hours: 24 Bbls oil: \_\_\_\_\_ Mcf Gas: 253 Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 253 Bbls H2O: 0 GOR: 0  
 Test Method: FLOWING Casing PSI: 240 Tubing PSI: 160 Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6893 Tbg setting date: 10/15/2010 Packer Depth: 6861  
 Reason for Non-Production: \_\_\_\_\_  
 Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: MANCOS Status: SHUT IN

Treatment Date: 07/26/2005 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6718 Bottom: 6848 No. Holes: 197 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
407 BBLs OF 6% KCL

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls 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: 6893 Tbg setting date: 10/15/2010 Packer Depth: 6861

Reason for Non-Production: \_\_\_\_\_  
\_\_\_\_\_

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

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

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: 10/20/2010 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: David S. Neslin Director of COGCC Date: 2/3/2011

**Attachment Check List**

Att Doc Num	Name
2584824	FORM 5A SUBMITTED
2584825	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)