

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:

400148646

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: Judith Walter
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
City: DENVER State: CO Zip: 80202-56

5. API Number 05-103-10343-00 6. County: RIO BLANCO
7. Well Name: HELLS HOLE Well Number: 9139x
8. Location: QtrQtr: NENE Section: 18 Township: 2S Range: 103W Meridian: 6
9. Field Name: HELLS HOLE CANYON Field Code: 34175

Completed Interval

FORMATION: <u>DAKOTA</u>		Status: <u>SHUT IN</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>7107</u> Bottom: <u>7181</u>	No. Holes: <u>51</u>	Hole size: <u>0.43</u>
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>09/17/2003</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>147</u> Bbls H2O: <u>8</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>147</u> Bbls H2O: <u>8</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>239</u>	Tubing PSI: <u>200</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7108</u>	Tbg setting date: <u>09/10/2003</u>	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: <u>02/08/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: <u>5100</u>		Sacks cement on top: <u>3</u>	

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

Signed: _____

Print Name: Judith Walter _____

Title: Regulatory Analyst _____

Date: _____

Email : judith.walter@encana.co, _____

Attachment Check List

Att Doc Num	Name
400148647	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)