

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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| DE | ET | OE | ES |
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Document Number:

400180456

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

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| FORMATION: WILLIAMS FORK | Status: TEMPORARILY ABANDONED |
| Treatment Date: 06/27/2011 | Date of First Production this formation: 12/21/2003 |
| Perforations Top: 4352 Bottom: 4770 | No. Holes: 34 Hole size: 38/100 |
| Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/> | |
| CIBP SET AT 4270', TESTED TO 600 PSI AND DUMP BAILED 2 SX CEMENT | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Tubing Setting Depth: Tbg setting date: Packer Depth: | |
| Reason for Non-Production: | |
| SUB-ECONOMIC PRODUCTION | |
| Date formation Abandoned: 06/27/2011 Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, number of sacks cmt |
| Bridge Plug Depth: 4270 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 ANALYST Date: Email: RUTHANN.MORSS@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 |
|-------------|------------------|
| 400180459 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)