

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:

400256258

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: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-103-11885-00  
6. County: RIO BLANCO  
7. Well Name: HH Well Number: 9102-14 G152104  
8. Location: QtrQtr: 2 Section: 15 Township: 2S Range: 104W Meridian: 6  
9. Field Name: HELLS HOLE CANYON Field Code: 34175

Completed Interval

FORMATION: MANCOS Status: PRODUCING

Treatment Date: 12/11/2012 Date of First Production this formation: 01/31/2012  
Perforations Top: 5829 Bottom: 8623 No. Holes: 600 Hole size: 0.52

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

Stages 1-12 treated with a total of: 41,301 bbls of Slickwater, 72 bbls 15% HCL, 6571 bbls Linear Gel, 29,281 bbls Lighting 20 Fluid, 1,620,234 lbs 16/30 Sand, 1,093,445 lbs 20-40 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/08/2012 Hours: 24 Bbls oil: 36 Mcf Gas: 65 Bbls H2O: 241  
Calculated 24 hour rate: Bbls oil: 36 Mcf Gas: 65 Bbls H2O: 241 GOR: 1797  
Test Method: Flowing Casing PSI: 37 Tubing PSI: 49 Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: SHALE GAS BTU Gas: 1170 API Gravity Oil: 42  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4681 Tbg setting date: 12/21/2011 Packer Depth: 0

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: Marina Ayala

Title: Permitting Technician Date: Email marina.ayala@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
400256274	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)