

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



DE ET OE ES

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

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

Total: 0 comment(s)