

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:

400198378

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: Judith Walter
Phone: (720) 876-3702
Fax: (720) 876-4702

5. API Number 05-045-19549-00
6. County: GARFIELD
7. Well Name: TWIN CREEK
Well Number: 1-10C1 (O1EB)
8. Location: QtrQtr: SWSE Section: 1 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK	Status: PRODUCING
Treatment Date: 05/16/2011	Date of First Production this formation: 06/17/2011
Perforations Top: 4422 Bottom: 5871	No. Holes: 189 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Stages 01-07 treated with a total of: 112236 bbls of Slickwater, 787400 lbs 20-40 Sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 06/22/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 1662 Bbls H2O: 628
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 1662 Bbls H2O: 628 GOR: 0
Test Method: Flowing	Casing PSI: 2040 Tubing PSI: 1240 Choke Size: 24/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8	Tubing Setting Depth: 5370 Tbg setting date: 06/13/2011 Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Judith Walter

Title: Regulatory Analyst Date: Email: judith.walter@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
400198379	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)