

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:

400216028

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: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC	Phone: (720) 876-5905
3. Address: 370 17TH ST STE 1700	Fax: (720) 876-6905
City: DENVER State: CO Zip: 80202-	

5. API Number 05-045-20261-00	6. County: GARFIELD
7. Well Name: Benjamin Federal	Well Number: 33-3B (K28NW)
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 93W Meridian: 6	
9. Field Name: MAMM CREEK	Field Code: 52500

### Completed Interval

FORMATION: COZZETTEStatus: PRODUCINGTreatment Date: 08/08/2011Date of First Production this formation: 08/17/2011Perforations Top: 9302 Bottom: 9835 No. Holes: 54 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Stages 1-2 treated with a total of: 33,473 bbls of Slickwater.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 896 Bbls H2O: 88Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 896 Bbls H2O: 88 GOR: 0Test Method: Flowing Casing PSI: 1225 Tubing PSI: 660 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 9264 Tbg setting date: 09/19/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: WILLIAMS FORKStatus: PRODUCINGTreatment Date: 08/08/2011Date of First Production this formation: 08/17/2011Perforations Top: 6730 Bottom: 8705 No. Holes: 189 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Stages 3-9 treated with a total of: 79,757 bbls of Slickwater.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 896 Bbls H2O: 88Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 896 Bbls H2O: 88 GOR: 0Test Method: Flowing Casing PSI: 1225 Tubing PSI: 660 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 9264 Tbg setting date: 09/19/2011 Packer Depth: \_\_\_\_\_

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 AyalaTitle: 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
400216030	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)