

**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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**COMPLETED INTERVAL REPORT**

Document Number:  
  
400216028

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: <u>100185</u>	4. Contact Name: <u>Marina Ayala</u>
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>	Phone: <u>(720) 876-5905</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6905</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

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

### Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 08/08/2011 Date of First Production this formation: 08/17/2011

Perforations 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: 88

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 896 Bbls H2O: 88 GOR: 0

Test Method: Flowing Casing PSI: 1225 Tubing PSI: 660 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing 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 FORK Status: PRODUCING

Treatment Date: 08/08/2011 Date of First Production this formation: 08/17/2011

Perforations 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: 88

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 896 Bbls H2O: 88 GOR: 0

Test Method: Flowing Casing PSI: 1225 Tubing PSI: 660 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing 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 Ayala

Title: Permitting Technician Date: 10/18/2011 marina.ayala@encana.com

Email  
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**Attachment Check List**

Att Doc Num	Name
400216028	FORM 5A SUBMITTED
400216030	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)