

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

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.

Document Number:

400216733

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 05-045-20174-00	6. County: GARFIELD
7. Well Name: Benjamin Federal	Well Number: 28-14B2 (K28NW)
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 93W Meridian: 6	
9. Field Name: MAMM CREEK	Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/07/2011</u>	Date of First Production this formation: <u>08/19/2011</u>
Perforations Top: <u>6640</u> Bottom: <u>8519</u>	No. Holes: <u>189</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Stages 3-9 treated with a total of 69,064 bbls of Slickwater.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/28/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>642</u> Bbls H2O: <u>462</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>642</u> Bbls H2O: <u>462</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1220</u> Tubing PSI: <u>575</u> Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9096</u>	Tbg setting date: <u>08/20/2011</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/07/2011</u>	Date of First Production this formation: <u>08/19/2011</u>
Perforations Top: <u>9140</u> Bottom: <u>9671</u>	No. Holes: <u>54</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Stages 1-2 treated with a total of: 33,464 bbls of Slickwater</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/28/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>642</u> Bbls H2O: <u>462</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>642</u> Bbls H2O: <u>462</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1220</u> Tubing PSI: <u>575</u> Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9096</u>	Tbg setting date: <u>08/20/2011</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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
400216734	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)