

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:

400216733

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 & 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>05-045-20174-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Benjamin Federal</u>	Well Number: <u>28-14B2 (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: ROLLINS Status: PRODUCING

Treatment Date: 08/07/2011 Date of First Production this formation: 08/19/2011

Perforations Top: 6640 Bottom: 8519 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 69,064 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 642 Bbls H2O: 462

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 642 Bbls H2O: 462 GOR: 0

Test Method: Flowing Casing PSI: 1220 Tubing PSI: 575 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: 9096 Tbg setting date: 08/20/2011 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: 08/07/2011 Date of First Production this formation: 08/19/2011

Perforations Top: 9140 Bottom: 9671 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: 33,464 bbls of Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 642 Bbls H2O: 462

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 642 Bbls H2O: 462 GOR: 0

Test Method: Flowing Casing PSI: 1220 Tubing PSI: 575 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: 9096 Tbg setting date: 08/20/2011 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: 10/20/2011 marina.ayala@encana.com

Email
:

Attachment Check List

Att Doc Num	Name
400216733	FORM 5A SUBMITTED
400216734	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)