

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:

400272832

Date Received:

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: Judith Walter

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3702

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4702

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20770-00

6. County: GARFIELD

7. Well Name: ENCANA FEE

Well Number: 19-5A2 (K19CNE)

8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK

Status: SHUT IN

Treatment Date: 03/10/2012

Date of First Production this formation: 03/19/2012

Perforations Top: 5730 Bottom: 7495 No. Holes: 189 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stages 01-07 treated with a total of: 116579 bbls of Slickwater.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/19/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 181 Bbls H2O: 1099

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 181 Bbls H2O: 1099 GOR: 0

Test Method: Flowing Casing PSI: 1750 Tubing PSI: 0 Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6899 Tbg setting date: 03/23/2012 Packer Depth:

Reason for Non-Production:

3/20/2012: Well Shut In to maintain our water balance at Mamm Creek. No tubing pressure reading as the tubing was landed after the flow test information was recorded.

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: Judith Walter

Title: Regulatory Analyst

Date:

Email: judith.walter@encana.com

### Attachment Check List

Att Doc Num	Name
400272835	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)