

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400296611

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

5. API Number 05-045-20842-00
6. County: GARFIELD
7. Well Name: Benzel Fee
Well Number: 25-7E (F25NWB)
8. Location: QtrQtr: SENW Section: 25 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/05/2012 End Date: 02/14/2012 Date of First Production this formation: 03/11/2012

Perforations Top: 8418 Bottom: 8589 No. Holes: 27 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: []

Stage 1 treated with a total of: 11,524 bbls of Slickwater.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 11524 Max pressure during treatment (psi): 5972

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: Number of staged intervals: 8

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.87

Recycled water used in treatment (bbl): 11524 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 0 Disposition method for flowback:

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2202 Bbl H2O: 44

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2202 Bbl H2O: 44 GOR: 0

Test Method: Flowing Casing PSI: 1350 Tubing PSI: 725 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7286 Tbg setting date: 02/27/2012 Packer Depth: 0

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 Type: FRACTURE STIMULATION

Treatment Date: 02/05/2012 End Date: 02/14/2012 Date of First Production this formation: 03/11/2012
Perforations Top: 5718 Bottom: 7511 No. Holes: 183 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

Stages 2-8 treated with a total of: 64,269 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 64269 Max pressure during treatment (psi): 5972

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____ Number of staged intervals: 8

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.87

Recycled water used in treatment (bbl): 64269 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2202 Bbl H2O: 44

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2202 Bbl H2O: 44 GOR: 0

Test Method: Sold Casing PSI: 1350 Tubing PSI: 725 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7286 Tbg setting date: 02/27/2012 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
ATTN Steve: Attached is the correctd 5A with the new formation information you requested.
Thanks, Marina.

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

Attachment Check List

Att Doc Num	Name
400296662	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)