

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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.

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: RUTHANN MORSS Phone: (720) 876-5060 Fax: (760) 6060

5. API Number 05-045-09141-00
6. County: GARFIELD
7. Well Name: BJM Well Number: 31-11C (J31NEB)
8. Location: QtrQtr: NWSE Section: 31 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type:
Treatment Date: 07/16/2003 End Date: Date of First Production this formation: 08/01/2003
Perforations Top: 7470 Bottom: 7478 No. Holes: 16 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: []

STAGES 01 TREATED WITH A TOTAL OF: 1114 BBLS OF SLICKWATER, 32000 LBS 20-40 SAND.

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Number of staged intervals:
Max frac gradient (psi/ft):
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/24/2003 Hours: 24 Bbl oil: 1 Mcf Gas: 1227 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 1227 Bbl H2O: 1 GOR: 12267
Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 1450 Choke Size: 24
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6516 Tbg setting date: 08/21/2003 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 Type: _____
 Treatment Date: 07/21/2003 End Date: _____ Date of First Production this formation: 08/01/2003
 Perforations Top: 5078 Bottom: 7228 No. Holes: 100 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:
 STAGES 02-06 TREATED WITH A TOTAL OF: 18016 BBLs OF SLICKWATER, 784920 LBS 20-40 SAND.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Number of staged intervals: _____
 Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/24/2003 Hours: 24 Bbl oil: 1 Mcf Gas: 1227 Bbl H2O: 1
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 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6516 Tbg setting date: 08/21/2003 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: RUTHANN MORSS
 Title: REGULATORY ANALYST Date: 5/24/2012 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2332798	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)