

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



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Document Number:

2332801

Date Received:

05/31/2012

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: (720) 876-6060

5. API Number 05-045-09188-00
6. County: GARFIELD
7. Well Name: BJM
Well Number: 31-6D (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: 7410 Bottom: 7420 No. Holes: 20 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

STAGES 01 TREATED WITH A TOTAL OF: 1904 BBLS OF SLICKWATER, 76000 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: 09/02/2003 Hours: 24 Bbl oil: 1 Mcf Gas: 1036 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 1036 Bbl H2O: 1 GOR: 10359
Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 1150 Choke Size: 24
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6518 Tbg setting date: 08/23/2003 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: 5100 Bottom: 7216 No. Holes: 126 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

STAGES 02-07 TREATED WITH A TOTAL OF: 24898 BBLS OF SLICKWATER, 1031400 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: 08/29/2003 Hours: 24 Bbl oil: 1 Mcf Gas: 1036 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 1036 Bbl H2O: 1 GOR: 10359
Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 1150 Choke Size: 24
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6518 Tbg setting date: 08/23/2003 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
2332801	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)