

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400230697 Date Received: 12/12/2011

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 05-045-08109-00 6. County: GARFIELD 7. Well Name: COUEY Well Number: 31-8A2 (D32) 8. Location: QtrQtr: NWNW Section: 32 Township: 6S Range: 92W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:

Treatment Date: 09/01/2002 End Date: Date of First Production this formation: 09/26/2002

Perforations Top: 4807 Bottom: 6614 No. Holes: 80 Hole size: 32/100

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

STAGE 1-5 TREATED WITH A TOTAL OF 22078 BBL SLICKWATER AND 941,680 LB 20/40 SAND

This formation is commingled with another formation: [] Yes [X] 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: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: 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: 09/27/2002 Hours: 24 Bbl oil: 0 Mcf Gas: 560 Bbl H2O: 20 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 560 Bbl H2O: 20 GOR: Test Method: FLOWING Casing PSI: 1800 Tubing PSI: 1650 Choke Size: 24/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5735 Tbg setting date: 09/25/2002 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: ** Wireline and Cement Job Summary must be attached.

Comment:

THIS FORM HAS BEEN REVISED TO CORRECT PRODUCING FORMATION FROM ROLLINS TO WILLIAMS FORK.

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: 12/12/2011 Email RUTHANN.MORSS@ENCANA.COM

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Attachment Check List

Att Doc Num	Name
400230697	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	on hold pending receipt of sundry for recompletion in WMFK.	1/20/2012 7:01:25 AM
Permit	on hold pending review of this area and whether or not APD for recompletion in Williams Fork will be required.	12/14/2011 1:16:33 PM

Total: 2 comment(s)