

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:

2288175

Date Received:

05/10/2012

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 05-045-10319-00
6. County: GARFIELD
7. Well Name: SOURS
Well Number: 22-11 (N22W)
8. Location: QtrQtr: SESW Section: 22 Township: 7S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 03/21/2012 End Date: Date of First Production this formation: 12/03/2004
Perforations Top: 7410 Bottom: 8659 No. Holes: 66 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

CIBP SET AT 7335', CASTING TESTED TO 1500 PSI. 2 SX CEMENT ON TOP.

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:

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: PAD EXPANSION AND DRILLING

Date formation Abandoned: 03/21/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7335 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

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

Date: 4/4/2012

Email: RUTHANN.MORSS@ENCANA.COM

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Attachment Check List

Att Doc Num	Name
2288175	FORM 5A SUBMITTED
2288176	WELLBORE DIAGRAM
2288872	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off hold. Received wireline ticket.	8/10/2012 11:33:09 AM
Permit	On Hold. Requested cement/wireline tickets.	6/26/2012 9:58:17 AM

Total: 2 comment(s)