

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, reoperation 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 05-045-20261-00 6. County: GARFIELD 7. Well Name: Benjamin Federal Well Number: 33-3B (K28NW) 8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 93W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/08/2011 End Date: 08/12/2011 Date of First Production this formation: 08/17/2011

Perforations Top: 9302 Bottom: 9507 No. Holes: 27 Hole size: 0.34

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

Stage 2 treated with a total of: 14,881 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 14881 Max pressure during treatment (psi):

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

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 14881 Flowback volume recovered (bbl):

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

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: 09/20/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 896 Bbl H2O: 88

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 896 Bbl H2O: 88 GOR: 0

Test Method: Flowing Casing PSI: 1225 Tubing PSI: 660 Choke Size: 20/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9264 Tbg setting date: 09/19/2011 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: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/08/2011 End Date: 08/12/2011 Date of First Production this formation: 08/17/2011  
Perforations Top: 9542 Bottom: 9835 No. Holes: 27 Hole size: 0.34

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Stage 1 treated with a total of: 18,592 bbls of Slickwater.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 18592 Max pressure during treatment (psi): \_\_\_\_\_

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

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 18592 Flowback volume recovered (bbl): \_\_\_\_\_

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

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: 09/20/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 896 Bbl H2O: 88

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 896 Bbl H2O: 88 GOR: 0

Test Method: Flowing Casing PSI: 1225 Tubing PSI: 660 Choke Size: 20/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9264 Tbg setting date: 09/19/2011 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/08/2011 End Date: 08/12/2011 Date of First Production this formation: 08/17/2011  
Perforations Top: 6730 Bottom: 8705 No. Holes: 189 Hole size: 0.34

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

Stages 3-9 treated with a total of: 79,757 bbls of Slickwater.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 79757 Max pressure during treatment (psi): \_\_\_\_\_

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

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 79757 Flowback volume recovered (bbl): \_\_\_\_\_

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

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: 09/20/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 896 Bbl H2O: 88

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 896 Bbl H2O: 88 GOR: 0

Test Method: Flowing Casing PSI: 1225 Tubing PSI: 660 Choke Size: 20/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9264 Tbg setting date: 09/19/2011 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:  
Revised 5A with corrected Producing Formations.

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: 10/24/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Name
400338827	FORM 5A SUBMITTED
400338832	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)