

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



Table with columns DE, ET, OE, ES

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Date Received:

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 05-045-21453-00
6. County: GARFIELD
7. Well Name: MCU FEE Well Number: 22-12C (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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/20/2012 End Date: 11/02/2012 Date of First Production this formation: 11/14/2012

Perforations Top: 7328 Bottom: 9221 No. Holes: 162 Hole size: 38/100

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

STAGE 1- 6 TREATED WITH A TOTAL OF 70,633 BBL SLICKWATER

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

Total fluid used in treatment (bbl): 70633 Max pressure during treatment (psi): 6106
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
Type of gas used in treatment: Min frac gradient (psi/ft): 0.82
Total acid used in treatment (bbl): Number of staged intervals: 6
Recycled water used in treatment (bbl): 70633 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 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: 11/14/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1355 Bbl H2O: 648
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1355 Bbl H2O: 648 GOR:
Test Method: FLOWING Casing PSI: 2100 Tubing PSI: 1440 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: 8452 Tbg setting date: 11/13/2012 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:

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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: _____ Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)