

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:

400388995

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 05-045-08934-00
6. County: GARFIELD
7. Well Name: KRK
Well Number: 7-5D (K7)
8. Location: QtrQtr: NESW Section: 7 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 01/18/2003
Perforations Top: 7304 Bottom: 7316 No. Holes: 16 Hole size: 32/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stages 2-6 treated with a total of 14,491 bbl slickwater and 638,160 lb 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:

Min 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: 01/18/2003 Hours: 24 Bbl oil: 1 Mcf Gas: 1846 Bbl H2O: 306
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 1846 Bbl H2O: 306 GOR:
Test Method: flowing Casing PSI: 1005 Tubing PSI: 616 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6548 Tbg setting date: 01/16/2003 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/18/2003
Perforations Top: 5125 Bottom: 7076 No. Holes: 104 Hole size: 32/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

No frac

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: _____ Min 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: 01/18/2003 Hours: 24 Bbl oil: 1 Mcf Gas: 1846 Bbl H2O: 306
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 1846 Bbl H2O: 306 GOR: _____
Test Method: flowing Casing PSI: 1005 Tubing PSI: 616 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6548 Tbg setting date: 01/16/2003 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

THIS WELL WAS ORIGINALLY REPORTED AS A ROLLINS ONLY PRODUCING WELL. AFTER REVIEW, BOTH THE WILLIAMS FORK AND ROLLINS FORMATIONS WERE COMPLETED AND PRODUCED. THIS FORM 5A CORRECTS THE REPORTING FORMATIONS. A COPY OF THE HARDCOPY FORM 4 SUNDRY NOTICE ADDING THE WILLIAMS FORK TO THE PERMIT IS ATTACHED.

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
400389025	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)