

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

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 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: [X] 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

Table with 2 columns: Att Doc Num, Name. Row 1: 400389025, OTHER

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)