

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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Date Received: 01/23/2014

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 4. Contact Name: Kelly Hamden
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5185
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6185
 City: DENVER State: CO Zip: 80202- Email: Kelly.Hamden@encana.com

5. API Number 05-045-21804-00 6. County: GARFIELD
 7. Well Name: ALP FEE Well Number: 24-3A (J24NW)
 8. Location: QtrQtr: NWSE Section: 24 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: 12/07/2013 End Date: 12/07/2013 Date of First Production this formation: 12/23/2013

Perforations Top: 8748 Bottom: 8983 No. Holes: 27 Hole size: 0.38

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

Stage 2 - Stage 2 treated with a total of: 18,000 bbls of Slickwater (BWS).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 18000 Max pressure during treatment (psi): 1975

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): 18000 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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/12/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 844 Bbl H2O: 190

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 844 Bbl H2O: 190 GOR: 0

Test Method: Flows from well Casing PSI: 1225 Tubing PSI: 675 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: 8014 Tbg setting date: 01/11/2014 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: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2013 End Date: 12/05/2013 Date of First Production this formation: 12/23/2013
Perforations Top: 9028 Bottom: 9257 No. Holes: 54 Hole size: 0.38

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

Stage 1 - Stage 1 treated with a total of: 19,714 bbls of Slickwater (BWS).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 19714 Max pressure during treatment (psi): 1900

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): 19714 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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/12/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 844 Bbl H2O: 190

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 844 Bbl H2O: 190 GOR: 0

Test Method: Flows from well Casing PSI: 1225 Tubing PSI: 675 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: 8014 Tbg setting date: 01/11/2014 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: FRACTURE STIMULATION

Treatment Date: 12/07/2013 End Date: 12/21/2013 Date of First Production this formation: 12/23/2013
Perforations Top: 6312 Bottom: 8091 No. Holes: 162 Hole size: 0.38

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

Stage 3- Stage 8 treated with a total of: 98,001 bbls of Slickwater (BWS).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 98001 Max pressure during treatment (psi): 2085

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.76

Total acid used in treatment (bbl): _____ Number of staged intervals: 6

Recycled water used in treatment (bbl): 98001 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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/12/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 844 Bbl H2O: 190

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 844 Bbl H2O: 190 GOR: 0

Test Method: Flows from well Casing PSI: 1225 Tubing PSI: 675 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: 8014 Tbg setting date: 01/11/2014 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Kelly Hamden
Title: Permitting Analyst Date: 1/23/2014 Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Name
400544147	FORM 5A SUBMITTED
400544151	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Passes Permitting. Operator is reminded to post frac focus.	2/21/2014 8:24:54 AM

Total: 1 comment(s)