

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:

400621609

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: Kelly Hamden
Phone: (720) 876-5185
Fax: (720) 876-6185
Email: Kelly.Hamden@encana.com

5. API Number 05-045-21938-00
6. County: GARFIELD
7. Well Name: HMU
Well Number: 6-11A (J6SEB)
8. Location: QtrQtr: NWSE Section: 6 Township: 8S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ILES Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/26/2013 End Date: 12/31/2013 Date of First Production this formation: 05/08/2014

Perforations Top: 9106 Bottom: 9643 No. Holes: 81 Hole size: 0.38

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

Stage 1 - Stage 3 treated with a total of: 35,143 bbls of Slickwater (BWS).

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 35143 Max pressure during treatment (psi): 1209

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): 0.63

Total acid used in treatment (bbl): Number of staged intervals: 3

Recycled water used in treatment (bbl): 35143 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: 05/16/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1924 Bbl H2O: 1334

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1924 Bbl H2O: 1334 GOR: 0

Test Method: Flows from well Casing PSI: 2500 Tubing PSI: 1500 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8600 Tbg setting date: 05/07/2014 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: 01/02/2014 End Date: 01/13/2014 Date of First Production this formation: 05/08/2014

Perforations Top: 6736 Bottom: 8439 No. Holes: 189 Hole size: 0.38

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

Stage 4 - Stage 10 treated with a total of: 90,000 bbls of Slickwater (BWS).

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 90000 Max pressure during treatment (psi): 941

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): 0.60

Total acid used in treatment (bbl): _____ Number of staged intervals: 7

Recycled water used in treatment (bbl): 90000 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: 05/16/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1923 Bbl H2O: 1334

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1923 Bbl H2O: 1334 GOR: 0

Test Method: Flows from well Casing PSI: 2500 Tubing PSI: 1500 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8600 Tbg setting date: 05/07/2014 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: Regulatory Analyst Date: _____ Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Name
400621631	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)