

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400179519

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: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-4905

5. API Number: 05-045-19509-00
6. County: GARFIELD
7. Well Name: TWIN CREEK
Well Number: 12-1A1 (O1EB)
8. Location: QtrQtr: SWSE Section: 1 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 04/22/2011 Date of First Production this formation: 05/24/2011
Perforations Top: 4390 Bottom: 5863 No. Holes: 189 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole:
Stages 1-7 treated with a total of: 93,090 bbls of Slickwater, 648,700 lbs 20-40 Sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/06/2011 Hours: 24 Bbls oil: 166 Mcf Gas: 762 Bbls H2O: 727
Calculated 24 hour rate: Bbls oil: 166 Mcf Gas: 762 Bbls H2O: 724 GOR: 0
Test Method: Flowing Casing PSI: 2270 Tubing PSI: 1260 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: 5355 Tbg setting date: 05/24/2011 Packer Depth: 0
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Marina Ayala
Title: Permitting Technician Date: Email: marina.ayala@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400179624	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)