

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:

400214180

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) 876-6905

5. API Number 05-045-20022-00  
6. County: GARFIELD  
7. Well Name: ROSE RANCH  
Well Number: 23-6C1 (A22W)  
8. Location: QtrQtr: NENE Section: 22 Township: 7S Range: 93W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK	Status: PRODUCING
Treatment Date: 07/16/2011	Date of First Production this formation: 08/08/2011
Perforations Top: 7388 Bottom: 9077	No. Holes: 216 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Stages 1A, 1b-9 treated with a total of: 62,695 bbls of Slickwater.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 08/16/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 1682 Bbls H2O: 533
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 1682 Bbls H2O: 533 GOR: 0
Test Method: Flowing	Casing PSI: 2100 Tubing PSI: 1400 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: 8488 Tbg setting date: 08/15/2011 Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Technican 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
400214183	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)