

FORM  
5A

Rev  
02/08

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

State of Colorado

Oil and Gas Conservation Commission



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Document Number:  
400215543

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: Marina Ayala  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20182-00 6. County: GARFIELD  
 7. Well Name: Benjamin Federal Well Number: 33-4B (K28NW)  
 8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 93W Meridian: 6  
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
 Treatment Date: 08/03/2011 Date of First Production this formation: 08/17/2011  
 Perforations Top: 7180 Bottom: 9113 No. Holes: 216 Hole size: 0.34  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Stages 1-8 treated with a total of: 77,866 bbls of Slickwater.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 505 Bbls H2O: 248  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 505 Bbls H2O: 248 GOR: 0  
 Test Method: Flowing Casing PSI: 1150 Tubing PSI: 500 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: 8450 Tbg setting date: 08/24/2011 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: \_\_\_\_\_

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
400215546	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)