

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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: Judith Walter
Phone: (720) 876-3702
Fax: (720) 876-4702

5. API Number 05-045-20764-00
6. County: GARFIELD
7. Well Name: Encana Fee
Well Number: 19-11B (K19CNE)
8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: SHUT IN

Treatment Date: 03/10/2012 Date of First Production this formation: 03/19/2012

Perforations Top: 5644 Bottom: 7399 No. Holes: 162 Hole size: 0.38

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

Stages 01-06 treated with a total of: 95279 bbls of Slickwater.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 03/19/2012 Hours: 2 Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 166

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 166 GOR: 0

Test Method: Flowing Casing PSI: 1290 Tubing PSI: 0 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: 6794 Tbg setting date: 03/31/2012 Packer Depth:

Reason for Non-Production:

3/20/2012: Well Shut In to maintain our water balance at Mamm Creek, and Frac Crew availability. No tubing pressure reading as the tubing was landed after this flow test information was recorded.

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: Judith Walter

Title: Regulatory Analyst Date: Email judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400272870	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)