

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400270841

Date Received: 04/11/2012

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 05-045-20845-00
6. County: GARFIELD
7. Well Name: Benzel Fee Well Number: 25-8D (F25NWB)
8. Location: QtrQtr: SENW Section: 25 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:

Treatment Date: 02/08/2012 End Date: Date of First Production this formation: 03/11/2012

Perforations Top: 6130 Bottom: 7871 No. Holes: 162 Hole size: 0.34

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

Stages 1-6 treated with a total of: 72,525 bbls of Slickwater.

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

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

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

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: 03/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2810 Bbl H2O: 48

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2810 Bbl H2O: 48 GOR: 0

Test Method: Flowing Casing PSI: 1850 Tubing PSI: 1025 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7291 Tbg setting date: 02/23/2012 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: 4/11/2012 Email marina.ayala@encana.com  
:

### **Attachment Check List**

Att Doc Num	Name
400270841	COMPLETED INTERVAL REPORT
400270842	WELLBORE DIAGRAM
400295984	FORM 5A SUBMITTED

Total Attach: 3 Files

### **General Comments**

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Total: 0 comment(s)