

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 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, reoperation 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 05-045-20406-00 6. County: GARFIELD 7. Well Name: HMU Federal Well Number: 16-14D (J16W) 8. Location: QtrQtr: NWSE Section: 16 Township: 7S Range: 93W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/10/2012 End Date: 07/15/2012 Date of First Production this formation: 07/22/2012

Perforations Top: 10210 Bottom: 10367 No. Holes: 27 Hole size: 0.38

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

Stage 2 treated with a total of: 9,524 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 9524 Max pressure during treatment (psi): 6544

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: Max frac gradient (psi/ft): 0.78

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 9524 Flowback volume recovered (bbl): 30981

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/29/2012 Hours: 0 Bbl oil: 0 Mcf Gas: 1226 Bbl H2O: 764

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1226 Bbl H2O: 764 GOR: 0

Test Method: Flowing Casing PSI: 1050 Tubing PSI: Choke Size: 24/64

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

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/10/2012 End Date: 07/15/2012 Date of First Production this formation: 07/22/2012

Perforations Top: 10422 Bottom: 10515 No. Holes: 27 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Stage 1 treated with a total of: 9,524 bbls of Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9524 Max pressure during treatment (psi): 6544

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.78

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 9524 Flowback volume recovered (bbl): 30981

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

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: 07/29/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1226 Bbl H2O: 764

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1226 Bbl H2O: 764 GOR: 0

Test Method: Flowing Casing PSI: 1050 Tubing PSI: _____ Choke Size: 24/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/10/2012 End Date: 07/15/2012 Date of First Production this formation: 07/22/2012
Perforations Top: 7818 Bottom: 9677 No. Holes: 189 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Stage 3-9 treated with a total of: 57,368 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 57368 Max pressure during treatment (psi): 6544

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.78

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 57368 Flowback volume recovered (bbl): 30981

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1226 Bbl H2O: 764

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1226 Bbl H2O: 764 GOR: 0

Test Method: Flowing Casing PSI: 1050 Tubing PSI: _____ Choke Size: 24/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____
Tubing has not been landed on this well. Encana will land tubing in 2-3 month's. A new 5A will be submitted.

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

Attachment Check List

Att Doc Num	Name
400322204	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)