

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 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 City: DENVER State: CO Zip: 80202- Fax: (720) 876-6905

5. API Number 05-045-20413-00 6. County: GARFIELD
7. Well Name: HMU Federal Well Number: 16-11D (J16W)
8. Location: QtrQtr: NWSE Section: 16 Township: 7S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/22/2012 End Date: 08/01/2012 Date of First Production this formation:
Perforations Top: 8486 Bottom: 9695 No. Holes: 54 Hole size: 0.38

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

Stages 1-2 treated with a total of: 20,643 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 20643 Max pressure during treatment (psi): 6394
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50
Type of gas used in treatment: Min frac gradient (psi/ft): 0.81
Total acid used in treatment (bbl): 0 Number of staged intervals: 2
Recycled water used in treatment (bbl): 20643 Flowback volume recovered (bbl): 6365
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: 08/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 107
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 107 GOR: 0
Test Method: Flowing Casing PSI: 520 Tubing PSI: 80 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8468 Tbg setting date: 08/20/2012 Packer Depth: 0

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:

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
400330868	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)