

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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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: Erin Hochstetler Phone: (720) 876-5827 Fax:

5. API Number 05-045-20777-00
6. County: GARFIELD
7. Well Name: ENCANA FEE Well Number: 19-10B (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: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/11/2012 End Date: 03/15/2012 Date of First Production this formation: 03/19/2012
Perforations Top: 6162 Bottom: 7587 No. Holes: 135 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: []

Stages 01-05 treated with a total of: 44420 bbls of Slickwater

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 44420 Max pressure during treatment (psi): 5687
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): 0.77
Total acid used in treatment (bbl): 0 Number of staged intervals: 5
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 7
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 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: 07/13/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1033 Bbl H2O: 135
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1033 Bbl H2O: 135 GOR: 0
Test Method: Flowing Casing PSI: 225 Tubing PSI: 825 Choke Size: 48
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2.375 Tubing Setting Depth: 7004 Tbg setting date: 04/03/2012 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:

This is an updated completion report as of 7/14/2012 to show that the well is now producing.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Erin Hochstetler

Title: Permitting Technician Date: 7/30/2012 Email erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Name
400310860	FORM 5A SUBMITTED
400310865	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)