

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: 400330851 Date Received: 09/26/2012

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 05-045-20413-00 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: 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: 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: 9/26/2012 Email marina.ayala@encana.com
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Attachment Check List

Att Doc Num	Name
400330851	FORM 5A SUBMITTED
400330868	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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

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