

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400343146

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, 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 05-045-20406-00 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: Min 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): 1133

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: 10/20/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1413 Bbl H2O: 670

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1413 Bbl H2O: 670 GOR: 0

Test Method: Flowing Casing PSI: 2300 Tubing PSI: 1250 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: 10209 Tbg setting date: 09/18/2012 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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/15/2012 End Date: 07/22/2012 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: _____ Min 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): 1133

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: 10/20/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1413 Bbl H2O: 670

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1413 Bbl H2O: 670 GOR: 0

Test Method: Flowing Casing PSI: 2300 Tubing PSI: 1250 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: 10209 Tbg setting date: 09/18/2012 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.

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: _____
Perforations Top: 7818 Bottom: 9677 No. Holes: 189 Hole size: 0.38

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

Stages 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: _____ Min 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): 1133
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: 10/20/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1413 Bbl H2O: 670
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1413 Bbl H2O: 670 GOR: 0
Test Method: Flowing Casing PSI: 2300 Tubing PSI: 1250 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: 10209 Tbg setting date: 09/18/2012 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: _____
New 5A with tubing land information.

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 Tehnician Date: _____ Email marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400343152	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)