

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



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Document Number:

400356330

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 05-045-20409-00
6. County: GARFIELD
7. Well Name: HMU Federal
Well Number: 21-1B (J16W)
8. Location: QtrQtr: NWSE Section: 16 Township: 7S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/25/2012 End Date: 07/31/2012 Date of First Production this formation: 10/23/2012

Perforations Top: 10398 Bottom: 10663 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: 19,095 bbls of Slcikwater.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 19095

Max pressure during treatment (psi): 6455

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): 0.82

Total acid used in treatment (bbl): 0

Number of staged intervals: 9

Recycled water used in treatment (bbl): 19095

Flowback volume recovered (bbl): 3617

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: 10/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2557 Bbl H2O: 452

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2557 Bbl H2O: 452 GOR: 0

Test Method: Flowing Casing PSI: 2050 Tubing PSI: 850 Choke Size: 36/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10396 Tbg setting date: 09/13/2012 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: 07/25/2012 End Date: 07/31/2012 Date of First Production this formation: _____
Perforations Top: 7960 Bottom: 9865 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: 68,333 bbls of Slickwater.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 68333

Max pressure during treatment (psi): 6455

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): 0.82

Total acid used in treatment (bbl): 0

Number of staged intervals: 9

Recycled water used in treatment (bbl): 68333

Flowback volume recovered (bbl): 3617

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: 10/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2257 Bbl H2O: 452
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2257 Bbl H2O: 452 GOR: 0
Test Method: Flowing Casing PSI: 2050 Tubing PSI: 850 Choke Size: 36/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10397 Tbg setting date: 09/13/2012 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
400356334	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)