

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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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 4. Contact Name: Kelly Hamden
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5185
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6185
 City: DENVER State: CO Zip: 80202- Email: Kelly.Hamden@encana.com

5. API Number 05-045-22117-00 6. County: GARFIELD
 7. Well Name: Rose Well Number: 22-11B (K22W)
 8. Location: QtrQtr: NESW Section: 22 Township: 7S Range: 93W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/08/2014 End Date: 05/18/2014 Date of First Production this formation: 05/31/2014

Perforations Top: 6832 Bottom: 8632 No. Holes: 189 Hole size: 0.38

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

Stage 1 - Stage 7 treated with a total of: 109,143 bbls of Slickwater (BWS).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 109143 Max pressure during treatment (psi): 1245
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.66
 Total acid used in treatment (bbl): _____ Number of staged intervals: 7
 Recycled water used in treatment (bbl): 109143 Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/05/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 471 Bbl H2O: 1333
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 471 Bbl H2O: 1333 GOR: 0
 Test Method: Flows from well Casing PSI: 2125 Tubing PSI: 820 Choke Size: 22/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8032 Tbg setting date: 05/29/2014 Packer Depth: _____

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:

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

Signed: _____ Print Name: Kelly Hamden

Title: Regulatory Analyst Date: _____ Email: Kelly.Hamden@encana.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400637849	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)