

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: RUTHANN MORSS Phone: (720) 876-5060 Fax: (720) 876-6060 Email: RUTHANN.MORSS@ENCANA.COM

5. API Number 05-045-09895-00 6. County: GARFIELD 7. Well Name: ALP 8. Location: QtrQtr: NWSE Section: 24 Township: 6S Range: 93W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: 03/25/2013 End Date: 03/25/2013 Date of First Production this formation: 07/01/2004

Perforations Top: 5766 Bottom: 7578 No. Holes: 112 Hole size: 34/100

Provide a brief summary of the formation treatment: Open Hole: []

CBP SET @ 5700', TESTED TO 1500 PSI AND TOPPED WITH 2 SACKS CEMENT

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: 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: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: DRILLING ADDITIONAL WELLS ON PAD

Date formation Abandoned: 03/25/2013 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 5700 ** Sacks cement on top: 2 ** 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: RUTHANN MORSS
Title: REGULATORY ANALYST Date: 3/28/2013 Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400397355	FORM 5A SUBMITTED
400397362	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting.	9/15/2014 11:18:22 AM

Total: 1 comment(s)