

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: 400473030

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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 05-045-11294-00
6. County: GARFIELD
7. Well Name: HMU Well Number: 6-11 (J6SE)
8. Location: QtrQtr: NWSE Section: 6 Township: 8S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: 08/09/2013 End Date: 08/09/2013 Date of First Production this formation: 07/12/2006

Perforations Top: 7000 Bottom: 8534 No. Holes: 100 Hole size: 34/100

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

CBP SET @ 6930' AND TOPPED WITH 1 SX 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: TEMPORARILY ABANDONED WHILE ADDITIONAL WELLS ARE BEING DRILLED ON NEIGHBORING PAD - J6SEB

Date formation Abandoned: 08/09/2013 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 6930 ** Sacks cement on top: 1 ** 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: 8/27/2013 Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400473030	FORM 5A SUBMITTED
400473037	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: invoice does not show cement kit (2) but this is likely a slip-up on part of wireline contractor to bill for the cment. 9/23/2014 dhs.	9/23/2014 2:11:40 PM

Total: 1 comment(s)