

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: Kelly Hamden Phone: (720) 876-5185 Fax: (720) 876-6185 Email: Kelly.Hamden@encana.com

5. API Number 05-045-14695-00
6. County: GARFIELD
7. Well Name: SCHWARTZ Well Number: 2-11A (J2E)
8. Location: QtrQtr: NWSE Section: 2 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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

Treatment Date: 06/25/2008 End Date: 08/08/2008 Date of First Production this formation: 06/29/2008
Perforations Top: 4116 Bottom: 5783 No. Holes: 104 Hole size: 0.36

Provide a brief summary of the formation treatment: Open Hole: [ ]
Stage 1 - Stage 4 treated with a total of 53,460 bbls of Slickwater (BWS), 638,582 lbs of Proppant.

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl): 53460 Max pressure during treatment (psi): 5111
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): 0.20
Total acid used in treatment (bbl): Number of staged intervals: 4
Recycled water used in treatment (bbl): 53460 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 638582 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: 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:

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: Permitting Analyst Date: 3/20/2014 Email: Kelly.Hamden@encana.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400575204	FORM 5A SUBMITTED
400575288	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Passes Permitting.	9/25/2014 3:01:56 PM

Total: 1 comment(s)