

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400214269

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: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20168-00 6. County: GARFIELD
7. Well Name: Benjamin Federal Well Number: 28-13B2 (K28NW)
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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|--|--------------------------------------|---|--|
| FORMATION: <u>WILLIAMS FORK</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>08/03/2011</u> | | Date of First Production this formation: <u>08/09/2011</u> | |
| Perforations | Top: <u>7068</u> Bottom: <u>8931</u> | No. Holes: <u>186</u> | Hole size: <u>0.34</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>Stages 1-7 treated with a total of: 63,930 bbls of Slickwater.</u> | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>08/16/2011</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>428</u> Bbls H2O: <u>173</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>428</u> Bbls H2O: <u>173</u> GOR: <u>0</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>960</u> | Tubing PSI: <u>360</u> | Choke Size: <u>20/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: <u>1170</u> | API Gravity Oil: <u>0</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>8300</u> | Tbg setting date: <u>08/30/2011</u> | Packer Depth: <u></u> |
| Reason for Non-Production: <u></u> | | | |
| Date formation Abandoned: <u></u> | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u></u> |
| Bridge Plug Depth: <u></u> | | Sacks cement on top: <u></u> | |

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: 10/12/2011 Email: marina.ayala@encana.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400214269 | FORM 5A SUBMITTED |
| 400214275 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)