

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: 400458476

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 City: DENVER State: CO Zip: 80202- Fax:

5. API Number 05-045-21607-00 6. County: GARFIELD
7. Well Name: MCU Well Number: 26-5C (I27W)
8. Location: QtrQtr: NESE Section: 27 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: 06/03/2013 End Date: 06/18/2013 Date of First Production this formation: 06/29/2013

Perforations Top: 7266 Bottom: 9207 No. Holes: 162 Hole size: 0.38

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

Stage 1 - Stage 6 treated with a total of: 94,107 bbls of Slickwater (BWS).

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

Total fluid used in treatment (bbl): 94107 Max pressure during treatment (psi): 1147
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
Type of gas used in treatment: Min frac gradient (psi/ft): 0.59
Total acid used in treatment (bbl): 0 Number of staged intervals: 6
Recycled water used in treatment (bbl): 94107 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 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: 06/30/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 370 Bbl H2O: 824
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 370 Bbl H2O: 824 GOR: 0
Test Method: Flowing Casing PSI: 2600 Tubing PSI: 450 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8592 Tbg setting date: 06/27/2013 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:

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: _____ Email: Kelly.Hamden@encana.com
:

Attachment Check List

Att Doc Num	Name
400458482	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)