

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400125072

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: 80202-56
4. Contact Name: Heather Mitchell
Phone: (720) 876-3070
Fax: (720) 876-4070

5. API Number 05-045-18948-00
6. County: GARFIELD
7. Well Name: SHIDELER Well Number: 36-9D (C31E)
8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 10/04/2010 Date of First Production this formation: 10/23/2010
Perforations Top: 5984 Bottom: 8019 No. Holes: 213 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole:
Stages 01-08 treated with a total of: 76062 bbls of Slickwater.
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1872 Bbls H2O: 565
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1872 Bbls H2O: 565 GOR:
Test Method: Flowing Casing PSI: 2140 Tubing PSI: 1410 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7332 Tbg setting date: 11/16/2010 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:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Heather Mitchell
Title: Regulatory Analyst Date: 1/19/2011 Email: heather.mitchell@encana.com

Attachment Check List

Att Doc Num	Name
400125072	FORM 5A SUBMITTED
400125076	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)