



Document Number:

400139325

## 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: Heather Mitchell

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3070

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4070

City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18864-00

6. County: GARFIELD

7. Well Name: SHIDELER

Well Number: 30-13A (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: 11/29/2010

Date of First Production this formation: 01/31/2011

Perforations	Top:	5982	Bottom:	7925	No. Holes:	183	Hole size:	0.34
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Provide a brief summary of the formation treatment:

Open Hole: 

Stages 1-07 treated with a total of: 70,793 bbls of Slickwater, 720,000 lbs 20-40 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	02/07/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	1397	Bbls H2O:	512
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1397	Bbls H2O:	512	GOR:
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Test Method: FLOWING	Casing PSI: 2300	Tubing PSI: 1425	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1170	API Gravity Oil:	0
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 7264      Tbg setting date: 12/19/2010      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:                      Email: heather.mitchell@encana.com

### Attachment Check List

Att Doc Num	Name
400139326	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)