

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

Document Number:

400148559

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 05-045-18866-00 6. County: GARFIELD
7. Well Name: SHIDELER Well Number: 31-3C (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: 6034 Bottom: 7877 No. Holes: 189 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: ☐

Stages 1-07 treated with a total of: 54338 bbls of Slickwater. No sand well

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

Test Information:

Date: 02/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1763 Bbls H2O: 232
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1763 Bbls H2O: 232 GOR:
Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1550 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7218 Tbg setting date: 01/11/2011 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
400148561	

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)