

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:  
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  
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 05-045-18864-00  
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

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  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1397 Bbls H2O: 512 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 2300 Tubing PSI: 1425 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: 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: 3/3/2011 Email: heather.mitchell@encana.com

**Attachment Check List**

Att Doc Num	Name
400139325	FORM 5A SUBMITTED
400139326	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)