

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:
400143728

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 05-045-18862-00
6. County: GARFIELD
7. Well Name: SHIDELER
Well Number: 25-16A (C31E)
8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 11/30/2010 Date of First Production this formation: 02/18/2011
Perforations Top: 8970 Bottom: 9105 No. Holes: 27 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole:
Stage 2 was fraced with 9869 bbls of slickwater and 99200 bbls of 20-40 sand and 1042 gals of 7.5 % HCL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 780
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 780 GOR: _____
Test Method: FLOWING Casing PSI: 2500 Tubing PSI: 1050 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8933 Tbg setting date: 12/23/2010 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: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 11/29/2010 Date of First Production this formation: 02/18/2011

Perforations Top: 9212 Bottom: 9387 No. Holes: 27 Hole size: 0.34

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

Stage 1 was fraced with 8456 bbls of of slickwater, 52600 bbls of 20-40 sand and 1000 gals of 7.5% HCL

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 780

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 780 GOR: _____

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: 1025 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8933 Tbg setting date: 12/23/2010 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: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 12/01/2010 Date of First Production this formation: 02/18/2011

Perforations Top: 6458 Bottom: 8257 No. Holes: 189 Hole size: 0.34

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

Stage 3-10 were fraced with 923800 of 20-40 sand, 89069 of slick water

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 780

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 780 GOR: _____

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: 1050 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8933 Tbg setting date: 12/23/2010 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: 3/17/2011 Email heather.mitchell@encana.com
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Attachment Check List

Att Doc Num	Name
400143728	FORM 5A SUBMITTED
400143739	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)