

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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-
4. Contact Name: JOYCE MCGOUGH
Phone: (720) 876-5296
Fax: (720) 876-6060

5. API Number 05-045-11432-00
6. County: GARFIELD
7. Well Name: SHIDELER
Well Number: 25-13(L25W)
8. Location: QtrQtr: NWSW Section: 25 Township: 7S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 07/30/2007 Date of First Production this formation: 08/14/2007

Perforations Top: 6004 Bottom: 8214 No. Holes: 116 Hole size: 34/100

Provide a brief summary of the formation treatment: Open Hole: []

STAGES 01-06 TREATED WITH A TOTYAL OF 29582 BBLS OF SLICKWATER, 600996 LBS 20-40 WHITE SAND, AND 11500 LBS NON API 14-30 MESH SAND.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 08/15/2007 Hours: 15 Bbls oil: 0 Mcf Gas: 1151 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1842 Bbls H2O: 32 GOR: 0

Test Method: FLOWING Casing PSI: 2100 Tubing PSI: 1075 Choke Size: 20

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7455 Tbg setting date: 08/14/2007 Packer Depth: 0

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: JOYCE MCGOUGH

Title: REGULATORY ANALYST Date: 9/11/2007 Email: JOYCE.MCGOUGH@ENCANA.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1533096	WELLBORE DIAGRAM
2332475	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WBD is third page of attachment.	5/14/2012 11:00:51 AM

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