

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
2332598

Date Received:
05/18/2012

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: <u>100185</u>	4. Contact Name: <u>RUTHANN MORSS</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5060</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6060</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-07844-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>SHAEFFER</u>	Well Number: <u>31-3 (B31)</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>31</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 07/30/2002 Date of First Production this formation: 08/06/2002

Perforations Top: 7226 Bottom: 7318 No. Holes: 22 Hole size: 34/100

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

STAGES 01 TREATED WITH A TOTAL OF: 2427 BBLS OF SLICKWATER, 226580 LBS 20-40 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/06/2002 Hours: 24 Bbls oil: 13 Mcf Gas: 478 Bbls H2O: 85

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 3677

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1600 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6264 Tbg setting date: 08/02/2002 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: 07/30/2002 Date of First Production this formation: 08/06/2002

Perforations Top: 5183 Bottom: 6974 No. Holes: 80 Hole size: 34/100

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

STAGES 02-05 TREATED WITH A TOTAL OF 20307 BBLS OF SLICKWATER, 859100 LBS 20-40 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/06/2002 Hours: 24 Bbls oil: 13 Mcf Gas: 478 Bbls H2O: 85

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 3677

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1600 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6264 Tbg setting date: 08/02/2002 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: RUTHANN MORSS

Title: REGULATORY ANALYST Date: 4/11/2012 RUTHANN.MORSS@ENCANA.COM

Email
:

Attachment Check List

Att Doc Num	Name
2332598	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)