

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: 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: RUTHANN MORSS

Phone: (720) 876-5060

Fax: (720) 876-6060

5. API Number 05-045-07844-00

7. Well Name: SHAEFFER

8. Location: QtrQtr: NWNE Section: 31 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

6. County: GARFIELD

Well Number: 31-3 (B31)

### Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>07/30/2002</u>		Date of First Production this formation: <u>08/06/2002</u>		
Perforations	Top: <u>7226</u>	Bottom: <u>7318</u>	No. Holes: <u>22</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
STAGES 01 TREATED WITH A TOTAL OF: 2427 BBLS OF SLICKWATER, 226580 LBS 20-40 SAND.				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>08/06/2002</u>	Hours: <u>24</u>	Bbbs oil: <u>13</u>	Mcf Gas: <u>478</u>	Bbbs H2O: <u>85</u>
Calculated 24 hour rate:		Bbbs oil: <u>          </u>	Mcf Gas: <u>          </u>	Bbbs H2O: <u>          </u> GOR: <u>3677</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1700</u>	Tubing PSI: <u>1600</u>	Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6264</u>	Tbg setting date: <u>08/02/2002</u>	Packer Depth: <u>          </u>	
Reason for Non-Production:				
<div></div>				
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>	
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>		

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>07/30/2002</u>		Date of First Production this formation: <u>08/06/2002</u>		
Perforations	Top: <u>5183</u>	Bottom: <u>6974</u>	No. Holes: <u>80</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>STAGES 02-05 TREATED WITH A TOTAL OF 20307 BBLS OF SLICKWATER, 859100 LBS 20-40 SAND.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>08/06/2002</u>	Hours: <u>24</u>	Bbls oil: <u>13</u>	Mcf Gas: <u>478</u>	Bbls H2O: <u>85</u>
Calculated 24 hour rate:		Bbls oil: <u>          </u>	Mcf Gas: <u>          </u>	Bbls H2O: <u>          </u> GOR: <u>3677</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1700</u>	Tubing PSI: <u>1600</u>	Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6264</u>	Tbg setting date: <u>08/02/2002</u>	Packer Depth: <u>          </u>	
Reason for Non-Production: <div></div>				
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>	
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>		

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  
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### **Attachment Check List**

Att Doc Num	Name
2332598	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)