

FORM
5A

Rev
06/12

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:

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Date Received:

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 05-045-07782-00
6. County: GARFIELD
7. Well Name: SHAEFFER
Well Number: 18-6A
8. Location: QtrQtr: SENW Section: 18 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/11/2001 End Date: 09/20/2001 Date of First Production this formation: 09/20/2001

Perforations Top: 4774 Bottom: 7076 No. Holes: 72 Hole size: 34/100

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

STAGES 1-4 TREATED WITH A TOTAL OF 8062 BBLW YF125 AND 942,008# 20/40 SAND

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/20/2001 Hours: 24 Bbl oil: 2 Mcf Gas: 361 Bbl H2O: 57
Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 361 Bbl H2O: 57 GOR: 18050
Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 350 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: 6209 Tbg setting date: 09/18/2001 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: ** Wireline and Cement Job Summary must be attached.

Comment:

THIS WELL WAS ORIGINALLY REPORTED AS PRODUCING IN THE ROLLINS WHICH WAS INCORRECT. THE CORRECT FORMATION IS THE WILLIAMS FORK AS SHOWN ON THIS CORRECTED FORM 5A.

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: _____ Email RUTHANN.MORSS@ENCANA.COM

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)