

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)