

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



Table with 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: RUTHANN MORSS Phone: (720) 876-5060 Fax: (720) 876-6060

5. API Number 05-045-11451-00
6. County: GARFIELD
7. Well Name: SHIDELER Well Number: 31-15 (031E)
8. Location: QtrQtr: SWSE Section: 31 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: 10/06/2012 End Date: 10/06/2012 Date of First Production this formation: 03/04/2006

Perforations Top: 6612 Bottom: 8202 No. Holes: 126 Hole size: 42/100

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

CIBP SET @ 6540' WITH 2 SX CEMENT ON TOP. TESTED TO 1500 PSI FOR 15 MIN WITH NO PRESSURE LOSS

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: TEMPORARILY ABANDONED TO DRILL ADDITIONAL WELLS ON PAD

Date formation Abandoned: 10/06/2012 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 6540 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

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: 10/11/2012 Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
400335814	FORM 5A SUBMITTED
400335816	WELLBORE DIAGRAM
400335817	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)