

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

Document Number: 400390648

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: Marina Ayala Phone: (720) 876-5905 Fax: (720) 876-6905

5. API Number 05-045-21621-00 6. County: GARFIELD 7. Well Name: Shideler Fee Well Number: 31-9BB (K31E) 8. Location: QtrQtr: NESW Section: 31 Township: 7S Range: 92W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/30/2012 End Date: 01/21/2013 Date of First Production this formation: 02/21/2013 Perforations Top: 8874 Bottom: 9085 No. Holes: 27 Hole size: 38/100

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

Stage 2 treated with a total of: 121,661 bbls of Slickwater.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 121661 Max pressure during treatment (psi): 6397 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40 Type of gas used in treatment: Min frac gradient (psi/ft): 0.73 Total acid used in treatment (bbl): 0 Number of staged intervals: 9 Recycled water used in treatment (bbl): 121661 Flowback volume recovered (bbl): 65473 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1197 Bbl H2O: 1076 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1197 Bbl H2O: 1076 GOR: 0 Test Method: Flowing Casing PSI: 2179 Tubing PSI: 722 Choke Size: 36/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8339 Tbg setting date: 02/12/2013 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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/30/2012 End Date: 01/21/2013 Date of First Production this formation: 02/28/2013
Perforations Top: 9124 Bottom: 9373 No. Holes: 27 Hole size: 38/100

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

Stage 1 treated with a total of: 121,661 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 121661 Max pressure during treatment (psi): 6397

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 121661 Flowback volume recovered (bbl): 65473

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1197 Bbl H2O: 1076

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1197 Bbl H2O: 1076 GOR: 0

Test Method: Flowing Casing PSI: 2179 Tubing PSI: 722 Choke Size: 36/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8339 Tbg setting date: 02/21/2013 Packer Depth: 0

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.

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

Treatment Date: 12/30/2012 End Date: 01/21/2013 Date of First Production this formation: 02/21/2013
Perforations Top: 6256 Bottom: 8257 No. Holes: 189 Hole size: 38/100

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

Stages 3-9 treated with a total of: 121,661 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 121661 Max pressure during treatment (psi): 6397

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 121661 Flowback volume recovered (bbl): 65473

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

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: 02/28/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1197 Bbl H2O: 1076

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1197 Bbl H2O: 1076 GOR: 0

Test Method: Flowing Casing PSI: 2179 Tubing PSI: 722 Choke Size: 36/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8339 Tbg setting date: 02/12/2013 Packer Depth: 0

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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Marina Ayala
Title: Permitting Technician Date: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400390673	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)