

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

5. API Number 05-045-21745-00 6. County: GARFIELD 7. Well Name: Shideler Fee Well Number: 6-6A (O31E) 8. Location: QtrQtr: SWSE Section: 31 Township: 7S Range: 92W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2013 End Date: 04/13/2013 Date of First Production this formation: 04/21/2013

Perforations Top: 9250 Bottom: 9615 No. Holes: 54 Hole size: 38/100

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

Stages 1-2 treated with a total of: 97,820 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 97820 Max pressure during treatment (psi): 6471

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): 0.64

Total acid used in treatment (bbl): 0 Number of staged intervals: 8

Recycled water used in treatment (bbl): 97820 Flowback volume recovered (bbl): 59457

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: 04/30/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1584 Bbl H2O: 858

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1584 Bbl H2O: 858 GOR: 0

Test Method: Flowing Casing PSI: 2200 Tubing PSI: 1243 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: 9237 Tbg setting date: 04/19/2013 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: 03/25/2013 End Date: 04/13/2013 Date of First Production this formation: 04/30/2013  
Perforations Top: 6938 Bottom: 8669 No. Holes: 162 Hole size: 38/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Stages 3-8 treated with a total of: 97,820 bbls of Slickwater.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 97820 Max pressure during treatment (psi): 6471

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): 0.64

Total acid used in treatment (bbl): 0 Number of staged intervals: 8

Recycled water used in treatment (bbl): 97820 Flowback volume recovered (bbl): 59457

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**

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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: Mraina Ayala  
Title: Permitting Technician Date: \_\_\_\_\_ Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Name
400414898	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)