

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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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: Jevin Croteau
Phone: (720) 876-5339
Fax: (720) 876-6339

5. API Number 05-045-21744-00
6. County: GARFIELD
7. Well Name: Shideler Fee
Well Number: 6-6D (O31E)
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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/28/2013 End Date: 04/04/2013 Date of First Production this formation: 04/24/2013

Perforations Top: 6766 Bottom: 8513 No. Holes: 162 Hole size: 0.38

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

Stage 1 - 3 treated with a total of 84,642 bbls of slickwater (BWS).

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

Total fluid used in treatment (bbl): 84642 Max pressure during treatment (psi): 5611

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.62

Total acid used in treatment (bbl): Number of staged intervals: 3

Recycled water used in treatment (bbl): 84642 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: 05/01/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 65 Bbl H2O: 31

Calculated 24 hour rate: Bbl oil: Mcf Gas: 1828 Bbl H2O: 787 GOR:

Test Method: Flowing Casing PSI: 1210 Tubing PSI: 2060 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: 7928 Tbg setting date: 04/22/2013 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.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jevin Croteau

Title: Lead Regulatory Analyst Date: _____ Email jevin.croteau@encana.com
:

Attachment Check List

Att Doc Num	Name
400422909	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)