

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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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 Email: RUTHANN.MORSS@ENCANA.COM

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: PRODUCING Treatment Type: Treatment Date: 05/01/2013 End Date: 05/01/2013 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 @ 6540' DRILLED OUT ON 5-1-13

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

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): 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: 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:

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: RUTHANN MORSS  
Title: REGULATORY ANALYST Date: 5/9/2013 Email: RUTHANN.MORSS@ENCANA.COM  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400415134	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PassesPermitting: CIBP W/2 SXS SET IN 10/2012 IS NOW DRILLED OUT AND WELL IS BACK ON PRODUCTION.	9/15/2014 1:37:54 PM

Total: 1 comment(s)