

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400125072

**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 4. Contact Name: Heather Mitchell  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18948-00 6. County: GARFIELD  
7. Well Name: SHIDELER Well Number: 36-9D (C31E)  
8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: _____		Status: _____	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: _____ Bottom: _____	No. Holes: _____	Hole size: _____
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Heather Mitchell

Title: Regulatory Analyst Date: \_\_\_\_\_ Email heather.mitchell@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400097171	FORM 2A SUBMITTED
400097305	CONST. LAYOUT DRAWINGS
400097306	HYDROLOGY MAP
400097309	LOCATION PICTURES
400101822	NRCS MAP UNIT DESC
400101823	MULTI-WELL PLAN
400101871	LOCATION DRAWING
400102688	ACCESS ROAD MAP
400102714	EQUIPMENT LIST
400102716	PROPOSED BMPs
400103314	OTHER

Total Attach: 11 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Public	I object to the drilling of gas wells per Doc. 400097171 near the intersection of Stone Quarry Road and Monument Trail. These wells will be very close to homes in the area and will present a health risk to many people. Also, these wells will damage the Real Estate values in the area without compensation to the property owners.	11/17/2010 3:42:00 AM

Total: 1 comment(s)