

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:

400147255

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 05-045-18876-00 6. County: GARFIELD
7. Well Name: SHIDELER Well Number: 30-15D (C31E)
8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 11/10/2010 Date of First Production this formation: 02/05/2011
Perforations Top: 6186 Bottom: 8151 No. Holes: 216 Hole size: 0.34

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

Stages 1-8 treated with a total of: 85,061 bbls of Slickwater, 160,000 lbs 30-50 Sand.

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

Test Information:

Date: 02/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1289 Bbls H2O: 538
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1289 Bbls H2O: 538 GOR:
Test Method: FLOWING Casing PSI: 2375 Tubing PSI: 1325 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7482 Tbg setting date: 01/08/2011 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:

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

Attachment Check List

Att Doc Num	Name
400147257	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)