



Document Number:

400148723

## 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 05-045-18865-00

6. County: GARFIELD

7. Well Name: SHIDELER

Well Number: 31-6A (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:	10/04/2010	Date of First Production this formation:	10/12/2010
-----------------	------------	--	------------

Perforations	Top:	6248	Bottom:	8209	No. Holes:	216	Hole size:	0.34
--------------	------	------	---------	------	------------	-----	------------	------

Provide a brief summary of the formation treatment:

Open Hole: 

Stages 01-08 treated with a total of: 76467 bbls of Slickwater, 1027 gals HCL, no sand well.

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

**Test Information:**

Date:	03/03/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	1678	Bbls H2O:	173
-------	------------	--------	----	-----------	---	----------	------	-----------	-----

Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1678	Bbls H2O:	173	GOR:
--------------------------	-----------	---	----------	------	-----------	-----	------

Test Method: FLOWING	Casing PSI: 1500	Tubing PSI: 1150	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: 7512      Tbg setting date: 01/13/2011      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

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
400148725	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)