

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400148723

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: 80202-56
4. Contact Name: Heather Mitchell
Phone: (720) 876-3070
Fax: (720) 876-4070

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)