

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:

1636116

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: JOYCE MCGOUGH  
Phone: (720) 876-5296  
Fax: (720) 876-6060

5. API Number 05-045-14318-00  
6. County: GARFIELD  
7. Well Name: CHEROKEE MOUNTAIN  
Well Number: 3-14B (N3E)  
8. Location: QtrQtr: SESW Section: 3 Township: 7S Range: 92W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 01/17/2007 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 4240 Bottom: 5682 No. Holes: 102 Hole size: 34/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 02/02/2008 Hours: 24 Bbls oil: 5 Mcf Gas: 1855 Bbls H2O: 78  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 37100  
Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 900 Choke Size: 24  
Gas Disposition: SOLD Gas Type: \_\_\_\_\_ BTU Gas: 1170 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5025 Tbg setting date: 02/01/2008 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: JOYCE MCGOUGH

Title: REGULATORY Date: 3/4/2008 Email: JOYCE.MCGOUGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
1636116	FORM 5A SUBMITTED
1636117	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Missing information on Form 5 doc 1636115. Waiting on info.	3/4/2011 1:19:26 PM

Total: 1 comment(s)