

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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: Cristi Cota-Smith
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3083
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4083
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21736-00 6. County: GARFIELD
 7. Well Name: Shideler Fee Well Number: 31-13C (O31E)
 8. Location: QtrQtr: SWSE Section: 31 Township: 7S Range: 92W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/20/2013 End Date: 04/12/2013 Date of First Production this formation: _____

Perforations Top: 7012 Bottom: 8747 No. Holes: 162 Hole size: 03/8

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

Stage 1 - Stage 6 treated with a total of 85,999 bbls of Slickwater (BWS).

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

Total fluid used in treatment (bbl): 85999

Max pressure during treatment (psi): 5795

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.63

Total acid used in treatment (bbl): 0

Number of staged intervals: 6

Recycled water used in treatment (bbl): 85999

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7966 Tbg setting date: 04/30/2013 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Cristi L. Cota-Smith

Title: Permitting Analyst Date: _____ Email: cristi.cota-smith@encana.com
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Attachment Check List

Att Doc Num	Name
400428334	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)