

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 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: Kelly Hamden Phone: (720) 876-5185 Fax:

5. API Number 05-045-21840-00 6. County: GARFIELD 7. Well Name: Shideler Well Number: 30-4A (O19EB) 8. Location: QtrQtr: SWSE Section: 19 Township: 7S Range: 92W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/06/2013 End Date: 07/06/2013 Date of First Production this formation: 07/11/2013

Perforations Top: 8516 Bottom: 8745 No. Holes: 27 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

Stage 2 - Stage 2 treated with a total of: 12, 286 bbls of Slickwater (BWS).

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 12286 Max pressure during treatment (psi): 1045 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: 1 Recycled water used in treatment (bbl): 12286 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 412 Bbl H2O: 1155 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 412 Bbl H2O: 1155 GOR: 0 Test Method: Flows from well Casing PSI: 2425 Tubing PSI: 1000 Choke Size: 22/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8606 Tbg setting date: 07/26/2013 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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/05/2013 End Date: 07/05/2013 Date of First Production this formation: 07/11/2013
Perforations Top: 8778 Bottom: 9067 No. Holes: 27 Hole size: 0.38

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

Stage 1 - Stage 1 treated with a total of: 14,571 bbls of Slickwater (BWS).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 14571 Max pressure during treatment (psi): 775

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): 0.00

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 14571 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 412 Bbl H2O: 1155

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 412 Bbl H2O: 1155 GOR: 0

Test Method: Flows from well Casing PSI: 2425 Tubing PSI: 1000 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8606 Tbg setting date: 07/26/2013 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.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/08/2013 End Date: 07/20/2013 Date of First Production this formation: 07/11/2013
Perforations Top: 5750 Bottom: 7899 No. Holes: 189 Hole size: 0.38

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

Stage 3 - Stage 9 treated with a total of: 91,142 bbls of Slickwater (BWS).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 91142 Max pressure during treatment (psi): 1286
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): 0.66
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled water used in treatment (bbl): 91142 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 412 Bbl H2O: 1155
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 412 Bbl H2O: 1155 GOR: 0
Test Method: Flows from well Casing PSI: 2425 Tubing PSI: 1000 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8606 Tbg setting date: 07/26/2013 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Kelly Hamden
Title: Permitting Analyst Date: _____ Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Name
400466599	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)