

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:
2509225

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: SHEILLA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-30819-00
6. County: WELD
7. Well Name: ARISTOCRAT ANGUS
Well Number: 4-2-4
8. Location: QtrQtr: SWNE Section: 4 Township: 3N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/06/2010 Date of First Production this formation:

Perforations Top: 7010 Bottom: 7300 No. Holes: 168 Hole size:

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

NBRR-CDL COMPLETION. FRAC CODELL WITH 146,958 GAL 26# TO 19# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 251,300# SAND. 05-06-10. SET CFP @ 7180'. 05-06-10. FRAC NIOBRARA WITH 145,026 GAL 18# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 230,400# 20/40 AND 18,220# 40/70 SAND. TOTAL SAND 248,620# WITH 119,910 GALS SLF. 05-06-10. CFP @6900 6/3/10. DRILLED OUR CBP ON 6/4/10. DRILLED OUT CFP @7180 TO COMMINGLE NB & CD. 6/4/10

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/09/2010 Hours: 24 Bbls oil: 66 Mcf Gas: 796 Bbls H2O: 68

Calculated 24 hour rate: Bbls oil: 66 Mcf Gas: 796 Bbls H2O: 68 GOR: 12060

Test Method: FLOWING Casing PSI: 1580 Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: 1271 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7275 Tbg setting date: 06/04/2010 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: SHEILLA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 7/8/2010 Email SHEILLA.REEDHIGH@ENCANA.COM
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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: *David S. Neslin* Director of COGCC Date: 10/26/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2509225	FORM 5A SUBMITTED	LF@2514729 2509225
2509226	WELLBORE DIAGRAM	LF@2514730 2509226

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	2 PANELS SAME FORMATION	10/6/2010 9:21:06 AM

Total: 1 comment(s)