

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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COMPLETED INTERVAL REPORT

Document Number:

2556325

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: SHEILLA REED-HIGH
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-30575-00 6. County: WELD
 7. Well Name: ARISTOCRAT ANGUS Well Number: 2-4-8
 8. Location: QtrQtr: NENW Section: 8 Township: 3N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 04/14/2010 Date of First Production this formation: _____

Perforations Top: 7440 Bottom: 8158 No. Holes: 156 Hole size: _____

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

JSND-NBRR-CDL COMMINGLE. SET CBP @ 7270'. 04/28/10. DRILLED OUT CFP @ 7540' 04/29/10. DRILLED OUT CFP @ 7780' TO COMMINGLE THE JSND-NBRR CDL. 04/30/10. DRILLED OUT CBP @ 7270'. 04/29/10.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/04/2010 Hours: 24 Bbls oil: 37 Mcf Gas: 522 Bbls H2O: 96

Calculated 24 hour rate: _____ Bbls oil: 37 Mcf Gas: 522 Bbls H2O: 96 GOR: 14108

Test Method: FLOWING Casing PSI: 1232 Tubing PSI: 815 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1271 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8116 Tbg setting date: 04/30/2010 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/14/2010 Date of First Production this formation: _____

Perforations Top: 8138 Bottom: 8158 No. Holes: 40 Hole size: 41/100

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

J SAND COMPLETION. FRAC'D THE J SAND WITH 152,838 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,060# 20/40 SAND. 04/14/2010.

This formation is commingled with another formation: Yes No

Test Information:

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

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

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

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/14/2010 Date of First Production this formation: _____

Perforations Top: 7440 Bottom: 7678 No. Holes: 116 Hole size: _____

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

NBRR-CDL COMPLETION. SET CFP @ 7760'. 04/14/2010. FRAC'D THE CODELL WITH 110,208 GAL 24# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,720# 20/40 SAND. 04/14/10. SET CFP @ 7540'. 04/14/2010. FRAC'D THE NIOBRARA WITH 132,258 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,540# 20/40 SAND. 04/14/10.

This formation is commingled with another formation: Yes No

Test Information:

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

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

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

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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

Date: 5/31/2010

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
2556325	FORM 5A SUBMITTED	LF@2512376 2556325
2556326	WELLBORE DIAGRAM	LF@2512377 2556326

Total Attach: 2 Files