

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
----	----	----	----

Document Number:

2071936

**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: SHEILLA D 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 05-123-30727-00 6. County: WELD  
7. Well Name: ARISTOCRAT ANGUS Well Number: 2-0-3  
8. Location: QtrQtr: NWNW Section: 3 Township: 3N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 06/02/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6998 Bottom: 7250 No. Holes: 148 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: Open Hole: ☐  
NBRR-CDL COMPLETION FRAC'D THE CODELL WITH 110,418 GLA 26# TO 19# PHASER/FAC HYBRID CROSSED LINKED GEL CONTAINING 250,380# 20/40 SAND. 05-02-10 SET CFP@7170'. 06-02-10 FRAC'D THE NIOBRARA"A" AND "B" WITH 133,224GAL 18# PHASER/FAC HYBRID CROSS LINKED GEL CONTAINING 250,140# 20/40 SBAD, 06-02-10 NBRR-CDL COMMINGLE SET CBP@6700'.06-24-10. DRILLED OUT CBP@6700' AND CFP@7170' TO COMMINGLE THE NBRR-CDL. 06-25-10

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

**Test Information:**

Date: 06/29/2010 Hours: 24 Bbls oil: 35 Mcf Gas: 689 Bbls H2O: 90  
Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 689 Bbls H2O: 90 GOR: 19686  
Test Method: FLOWING Casing PSI: 898 Tubing PSI: 676 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1348 API Gravity Oil: 59  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7220 Tbg setting date: 06/25/2010 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 D REED-HIGH

Title: OPERATIONS TECHNOLOGIST

Date: 10/28/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

:

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: 10/28/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2071936	FORM 5A SUBMITTED	LF@2610302 2071936
2071938	WELLBORE DIAGRAM	LF@2610303 2071938

Total Attach: 2 Files