

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:

2555865

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: JANE WASHBURN
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5431
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6431
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-22833-00 6. County: WELD
 7. Well Name: ARISTOCRAT ANGUS Well Number: 1-2-8
 8. Location: QtrQtr: NWNW Section: 8 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/02/2010 Date of First Production this formation: _____

Perforations Top: 7078 Bottom: 7378 No. Holes: 216 Hole size: _____

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

NIOBRARA - FRAC'D WITH 142,548 GAL FRAC FLUID AND 250,680 # SAND. CODELL - FRAC'D WITH 121,170 GAL FRAC FLUID AND 250,880 # SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/11/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 142 Bbls H2O: 7

Calculated 24 hour rate: _____ Bbls oil: 12 Mcf Gas: 142 Bbls H2O: 7 GOR: _____

Test Method: FLOWING Casing PSI: 560 Tubing PSI: 296 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1182 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7356 Tbg setting date: 05/06/2010 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: JANE WASHBURN

Title: ENGINEERING TECH Date: 6/16/2010 Email JANE.WASHBURN@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: 11/23/2010

Attachment Check List

Att Doc Num	Name
2555865	FORM 5A SUBMITTED
2555866	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)