

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:

2071527

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 05-123-30727-00 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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/25/2010 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 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: \_\_\_\_\_

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 REED-HIGH

Title: OPS TECHNOLOGIST Date: 12/8/2010 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: 1/14/2011

**Attachment Check List**

Att Doc Num	Name
2071527	FORM 5A SUBMITTED
2071528	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)