

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:

2587454

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

5. API Number 05-123-26124-00  
6. County: WELD  
7. Well Name: ARISTOCRAT ANGUS  
Well Number: 6-8-4  
8. Location: QtrQtr: SWSE Section: 4 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/22/2011 Date of First Production this formation:

Perforations Top: 6972 Bottom: 7222 No. Holes: 0 Hole size:

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

FRAC'D THE NBRR WITH 137,382 GAL FRAC FLUID AND 250,020# SAND. FRAC'D THE CD WITH 120,372 GAL FRAC FLUID AND 249,520# SAND.

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

Test Information:

Date: 05/24/2011 Hours: 4 Bbls oil: 2 Mcf Gas: 27 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 185 Bbls H2O: 7 GOR:

Test Method: FLOW TEST Casing PSI: 568 Tubing PSI: 462 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1260 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7651 Tbg setting date: 05/10/2011 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: OPERATIONS Date: 7/12/2011 Email: JANE.WASHBURN@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
2587454	FORM 5A SUBMITTED
2587455	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	API GRAVITY OIL IS REQUIRED IF BBLS OIL IS ENTERED.	8/22/2011 9:15:30 AM

Total: 1 comment(s)