

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 2506659

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 05-123-22533-00
6. County: WELD
7. Well Name: ARISTOCRAT ANGUS
Well Number: 7-6-3
8. Location: QtrQtr: NESE Section: 3 Township: 3N Range: 65W Meridian: 6
9. Field Name: ARISTOCRAT Field Code: 2925

Completed Interval

FORMATION: GREENHORN Status: PRODUCING
Treatment Date: 11/16/2004 Date of First Production this formation:
Perforations Top: 7320 Bottom: 7350 No. Holes: 120 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Frac'd the Greenhorn w/ Codell w/ 135,618 gal frac fluid & 301,380# 20/40 sand
This formation is commingled with another formation: [X] 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: GREENHORN-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6856 Bottom: 7350 No. Holes: 312 Hole size: _____

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

SET CFP @ 6890' AND CIBP @ 7190' 4/9/11; DRILLED OUT 5/16/11. TUBING WAS SET @ 7114 ON 5/17/11 AND THE WELL WAS COMMINGLED ON 5/18/11.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/23/2011 Hours: 247 Bbls oil: 4 Mcf Gas: 299 Bbls H2O: 7

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 299 Bbls H2O: 7 GOR: 74750

Test Method: FLOWING Casing PSI: 559 Tubing PSI: 306 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7114 Tbg setting date: 05/17/2011 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/09/2011 Date of First Production this formation: _____

Perforations Top: 6856 Bottom: 7150 No. Holes: 264 Hole size: 42/100

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

NIOBRARA-PERFED 6859-6874, 4 SPFM 72 HOLES, FRA'D W/138,726 GAL FRAC FLUID AND 250,400# SAND. CODELL- FRAC'D WITH 119,070 GAL FRAC FLUID AND 251,200# SAND. SET CFP @ 6890' AND CIBP @ 7190' ON 4/9/11; DRILLED OUT 5/16/11.

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: JANE WASHBURN

Attachment Check List

Att Doc Num	Name
2506659	FORM 5A SUBMITTED
2506660	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)