

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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Document Number:

2507675

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: <u>100185</u>	4. Contact Name: <u>JANE WASHBURN</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-26124-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ARISTOCRAT ANGUS</u>	Well Number: <u>6-8-4</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>4</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>ARISTOCRAT</u> Field Code: <u>2925</u>	

Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

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

Perforations Top: 6972 Bottom: 7714 No. Holes: 160 Hole size: _____

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

DRILLED OUT CFP @ 7060 AND CIBP @ 5/10/2011. TUBING WAS SET @ 7651 ON 5/10/2011. COMMINGLED ON 5/13/11.

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: 13214

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

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 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: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

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

Perforations Top: 6972 Bottom: 7222 No. Holes: 128 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐FRAC'D THE NBRR WITH 137382 GAL FRAC FLUID AND 250020# SAND.
FRAC'D THE CD WITH 120372 GAL FRAC FLUID AND 249520# SAND.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

Title: OEPRATIONS TECHNOLOGISTDate: 10/10/2011Email: JANE.WASHBURN@ENCANA.COM**Attachment Check List**

Att Doc Num	Name
2507675	FORM 5A SUBMITTED
2507676	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)