

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400275173

Date Received:

05/13/2012

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: Sheilla Reed-High
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-33025-00
6. County: WELD
7. Well Name: ARISTOCRAT ANGUS
Well Number: 5-6-2
8. Location: QtrQtr: SWSE Section: 2 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7000 Bottom: 7670 No. Holes: 192 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CBP @ 6970'. 04-14-12
Drilled out CBP @ 6970', CFP @ 7150' to commingle the JSND-NBRR. 04-15-12

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/20/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 332 Bbl H2O: 28
Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 332 Bbl H2O: 28 GOR: 22133
Test Method: FLOWING Casing PSI: 848 Tubing PSI: 309 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1296 API Gravity Oil: 59
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7615 Tbg setting date: 04/16/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: _____

Treatment Date: 12/29/2011 End Date: _____ Date of First Production this formation: 03/03/2012

Perforations Top: 7640 Bottom: 7670 No. Holes: 60 Hole size: 0.42

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

Frac'd the J-Sand 7640'– 7670', (60 holes) w/ 47,418 gal 18 # pHaserFrac Hybrid cross linked gel containing 152,000# 20/40 Sand. 12-29-11

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
Treatment Date: 12/23/2011 End Date: _____ Date of First Production this formation: 03/03/2012
Perforations Top: 7000 Bottom: 7084 No. Holes: 132 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CFP @ 7150'. 12-29-11
Frac'd the Niobrara 7000' – 7084' (132 holes), w/ 100,758 gals 18 # pHaserFrac
Hybrid cross linked gel containing 247,840# 30/50 sand. 12-29-11

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

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: Drilling and Compl. Tech. Date: 5/13/2012 Email: sheilla.reedhigh@Encana.com
:

Attachment Check List

Att Doc Num	Name
400275173	FORM 5A SUBMITTED
400275177	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)