

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400318945 Date Received: 08/22/2012

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: Jane Washburn Phone: (720) 876-5431 Fax: (720) 876-6431

5. API Number 05-123-23310-00 6. County: WELD 7. Well Name: ARISTOCRAT ANGUS Well Number: 34-4B 8. Location: QtrQtr: SWSE Section: 4 Township: 3N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/29/2011 End Date: 03/29/2011 Date of First Production this formation: 05/31/2006

Perforations Top: 7144 Bottom: 7158 No. Holes: 56 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Refrac'd 7144-7158 with 2855 bbls frac fluid and 250,040 # sand.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2855 Max pressure during treatment (psi): 3847 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: Min frac gradient (psi/ft): 0.93 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 2855 Disposition method for flowback: Rule 805 green completion techniques were utilized: [X]

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/29/2011 End Date: 03/29/2011 Date of First Production this formation: 05/31/2006
Perforations Top: 6856 Bottom: 6936 No. Holes: 180 Hole size:

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

Refrac'd 6856-6874 and 6922-6936 with 3599 bbl frac fluid and 249,980 # sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3599 Max pressure during treatment (psi): 5426

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.98

Total acid used in treatment (bbl): 0 Number of staged intervals: 2

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 3599 Disposition method for flowback:

Total proppant used (lbs): 249980 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: Jane Washburn
Title: Operations Technologist Date: 8/22/2012 Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400318945	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)