

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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Date Received:

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 4. Contact Name: Sheilla Reed-High
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-34282-00 6. County: WELD
 7. Well Name: ARISTOCRAT ANGUS Well Number: 6-2-8
 8. Location: QtrQtr: NENE Section: 8 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: 12/07/2012 End Date: 12/07/2012 Date of First Production this formation: 03/01/2013

Perforations Top: 7424 Bottom: 7438 No. Holes: 42 Hole size: 0.42

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

Frac'd the Codell with 250,560# 30/50 sand, with 75,222gals. SLF 12-07-12

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1791 Max pressure during treatment (psi): 5490

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): 1791 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 250560 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-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/07/2012 End Date: 12/07/2012 Date of First Production this formation: 03/01/2013
Perforations Top: 7170 Bottom: 7438 No. Holes: 98 Hole size: 0.42

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

Set CBP. 12-13-12
Drilled out CBP, CFP to commingle the CD-NBRR. 12-14-12

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: _____ Min 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: 03/13/2013 Hours: 24 Bbl oil: 82 Mcf Gas: 1440 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 82 Mcf Gas: 1440 Bbl H2O: 20 GOR: 17561

Test Method: FLOWING Casing PSI: 1694 Tubing PSI: 1525 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1255 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7400 Tbg setting date: 12/15/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/07/2012 End Date: 12/07/2012 Date of First Production this formation: 03/01/2013
Perforations Top: 7170 Bottom: 7210 No. Holes: 56 Hole size: 0.42

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

Set CFP @ 7260'. 12-07-12
Frac'd the Niobrara with 250,520# 30/50 sand with 89,040 gals SLF. 12-07-12

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2120 Max pressure during treatment (psi): 5700

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): 2120 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 89040 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:
Flowback information pending.

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: Email sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400427542	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)