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
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 05-123-34039-00
6. County: WELD
7. Well Name: ARISTOCRAT ANGUS
Well Number: 2-4
8. Location: QtrQtr: NWNW Section: 4 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2012 End Date: 12/09/2012 Date of First Production this formation: 02/14/2013

Perforations Top: 7328 Bottom: 7342 No. Holes: 42 Hole size: 0.42

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

Frac'd the Codell with 251,100# 30/50 sand, with 78,372 gals. SLF 12-09-12

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

Total fluid used in treatment (bbl): 1866
Max pressure during treatment (psi): 5534
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): 0.80
Total acid used in treatment (bbl):
Number of staged intervals: 1
Recycled water used in treatment (bbl): 1866
Flowback volume recovered (bbl): 652
Fresh water used in treatment (bbl):
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 251100
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: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 02/14/2013

Perforations Top: 7057 Bottom: 7342 No. Holes: 98 Hole size: 0.42

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

Set CBP @ 7020'. 12-18-12
Drilled out CBP, CFP to commingle the NBRR-CDL. 12-21-12

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: 02/19/2013 Hours: 24 Bbl oil: 35 Mcf Gas: 1228 Bbl H2O: 22

Calculated 24 hour rate: Bbl oil: 35 Mcf Gas: 1228 Bbl H2O: 22 GOR: 35086

Test Method: FLOWING Casing PSI: 1536 Tubing PSI: 1619 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1269 API Gravity Oil: 66

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7298 Tbg setting date: 12/21/2012 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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2012 End Date: 12/09/2012 Date of First Production this formation: 02/14/2013

Perforations Top: 7057 Bottom: 7126 No. Holes: 56 Hole size: 0.42

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

Set CFP @ 7110' 12-09-12
Frac'd the Niobrara with 250,280# 30/50 sand with 90,258 gals SLF. 12-09-12

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

Total fluid used in treatment (bbl): 2149 Max pressure during treatment (psi): 5979

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): 0.96

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

Recycled water used in treatment (bbl): 2149 Flowback volume recovered (bbl): 652

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

Total proppant used (lbs): 250280 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: Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400430515	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)