

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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COMPLETED INTERVAL REPORT

Document Number:

2071934

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: 80202-56

5. API Number 05-123-30816-00 6. County: WELD
 7. Well Name: ARISTOCRAT ANGUS Well Number: 6-4-3
 8. Location: QtrQtr: NWSE Section: 3 Township: 3N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 05/25/2010 Date of First Production this formation: _____

Perforations Top: 6880 Bottom: 7672 No. Holes: 224 Hole size: _____

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

JSND-NBRR-CDL COMMINGLE SET CBP@6750'.06-22-10.DRILLED OUT CFP'S@7060' AND 7260' TO COMMINGLE THE JSND -NBRR-CDL, 06-23-10 DRILLED OUT CBP@6750'.06-23-10

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/25/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 68 Bbls H2O: 462

Calculated 24 hour rate: _____ Bbls oil: 11 Mcf Gas: 68 Bbls H2O: 462 GOR: 6182

Test Method: FLOWING Casing PSI: 1545 Tubing PSI: 1015 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1271 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7614 Tbg setting date: 06/23/2010 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: J SAND Status: PRODUCING

Treatment Date: 05/25/2010 Date of First Production this formation: _____

Perforations Top: 7632 Bottom: 7672 No. Holes: 68 Hole size: _____

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

J SAND COMPLETION FRAC'D THE J-SAND WITH 154,560 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,620# 20/40 SAND 05-25-10

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/25/2010 Date of First Production this formation: _____

Perforations Top: 6880 Bottom: 7174 No. Holes: 156 Hole size: _____

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

NBRR-CDL COMPLETION SET CFP@7260'.05-25-10 FRAC'D THE CODELL WITH 109,746 GAL 24# TO 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,920# 20/40 SAND. 05-25-10. SET CFP@7060'.05-25-10. FRAC'D THE NIOBRARA WITH 132,930 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,020# SAND. 05-25-10

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: SHEILLA D REED-HIGH

Title: OPERATION TECHNOLOGIST

Date: 10/28/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 10/28/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2071933	WELLBORE DIAGRAM	LF@2610305 2071933
2071934	FORM 5A SUBMITTED	LF@2610304 2071934

Total Attach: 2 Files