

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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Document Number:

2505012

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: JANE WASHBURN
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 8765431
3. Address: 370 17TH ST STE 1700 Fax: (720) 8766431
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-23015-00 6. County: WELD
7. Well Name: ARISTOCRAT ANGUS Well Number: 7-2-10
8. Location: QtrQtr: SENE Section: 10 Township: 3N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/19/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6850</u> Bottom: <u>7184</u>	No. Holes: <u>156</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NIOBRARA - REFRACD 6850-6930 WITH 140448 GAL FRAC FLUID AND 251560# SAND.</u> <u>CODELL - REFRACD 7134-7148 WITH 123144 GAL FRAC FLUID AND 251300# SAND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/16/2010</u> Hours: <u>24</u> Bbls oil: <u>30</u> Mcf Gas: <u>292</u> Bbls H2O: <u>4</u>	
Calculated 24 hour rate:	Bbls oil: <u>30</u> Mcf Gas: <u>292</u> Bbls H2O: <u>4</u> GOR: <u>19733</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>662</u> Tubing PSI: <u>352</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1271</u> API Gravity Oil: <u>58</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7133</u> Tbg setting date: <u>05/11/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: JANE WASHBURN
Title: ENGINEERING TECH Date: 6/25/2010 Email JANE.WASHBURN@ENCANA.COM

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: 12/1/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)