

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
2505012

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: 80202-56
4. Contact Name: JANE WASHBURN
Phone: (720) 8765431
Fax: (720) 8766431

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: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 03/19/2010 Date of First Production this formation:
Perforations Top: 6850 Bottom: 7184 No. Holes: 156 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
NIOBRARA - REFRACD 6850-6930 WITH 140448 GAL FRAC FLUID AND 251560# SAND.
CODELL - REFRACD 7134-7148 WITH 123144 GAL FRAC FLUID AND 251300# SAND.
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/16/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 292 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 292 Bbls H2O: 4 GOR: 19733
Test Method: FLOWING Casing PSI: 662 Tubing PSI: 352 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1271 API Gravity Oil: 58
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7133 Tbg setting date: 05/11/2010 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:

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

Total: 0 comment(s)