

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

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 05-123-33507-00  
6. County: WELD  
7. Well Name: ARISTOCRAT ANGUS  
Well Number: 6-8-3  
8. Location: QtrQtr: NESE Section: 3 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |   |
|---|---|
| FORMATION: CODELL   | Status: COMMINGLED                                  |
| Treatment Date: 11/11/2011  | Date of First Production this formation: 11/25/2011 |
| Perforations Top: 7261 Bottom: 7278   | No. Holes: 34 Hole size: 0.42                       |
| Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>   |   |
| Frac'd the Codell 7261' - 7278', (34 holes) w/ 88,326 gal 22 # Vistar Hybrid cross linked gel containing 251,000 # 20/40 sand. 11-11-11 |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                |   |
| <b>Test Information:</b>  |   |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, number of sacks cmt                         |
| Bridge Plug Depth: Sacks cement on top:   |   |

|   |                             |   |   |                          |            |
|---|-----------------------------|---|---|--------------------------|------------|
| FORMATION: <u>J SAND</u>  |                             |   |   | Status: <u>PRODUCING</u> |            |
| Treatment Date: <u>11/11/2011</u>   |                             | Date of First Production this formation: <u>11/25/2011</u>        |   |                          |            |
| Perforations  | Top: <u>7737</u>            | Bottom: <u>7779</u>   | No. Holes: <u>48</u>  | Hole size: <u>0.42</u>   |            |
| Provide a brief summary of the formation treatment:   |                             |   | Open Hole: <input type="checkbox"/>                                 |                          |            |
| Frac'd the J-Sand 7737'– 7779', (48 holes) w/ 60,606 gal 18 # Vistar Hybrid cross linked gel containing 250,940# 20/40 Sand. 11-11-11 |                             |   |   |                          |            |
| This formation is commingled with another formation:  |                             |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |            |
| <b>Test Information:</b>  |                             |   |   |                          |            |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____                                   |                          |            |
| Bridge Plug Depth: <u>7330</u>  |                             | Sacks cement on top: _____  |   |                          |            |

|  |                             |   |   |                          |            |
|--|-----------------------------|---|---|--------------------------|------------|
| FORMATION: <u>NIOBRARA-CODELL</u>                    |                             |   |   | Status: <u>PRODUCING</u> |            |
| Treatment Date: <u>11/11/2011</u>                    |                             | Date of First Production this formation: <u>11/25/2011</u>        |   |                          |            |
| Perforations   | Top: <u>6992</u>            | Bottom: <u>7278</u>   | No. Holes: <u>126</u>   | Hole size: <u>0.42</u>   |            |
| Provide a brief summary of the formation treatment:  |                             |   | Open Hole: <input type="checkbox"/>                                 |                          |            |
| This formation is commingled with another formation: |                             |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |            |
| <b>Test Information:</b>                             |                             |   |   |                          |            |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____                                   |                          |            |
| Bridge Plug Depth: _____                             |                             | Sacks cement on top: _____  |   |                          |            |

