

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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: JANE WASHBURN
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-16913-00
6. County: WELD
7. Well Name: FEDERAL
Well Number: 11-10
8. Location: QtrQtr: NWNW Section: 10 Township: 3N Range: 65W Meridian: 6
9. Field Name: ARISTOCRAT Field Code: 2925

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/11/2011 Date of First Production this formation:

Perforations Top: 6870 Bottom: 7142 No. Holes: 208 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

NIOBRARA - PERFED 6910-6930 4 SPF, 80 HOLES. REFRAC'D 6870-7060' W/134,613 GAL FRAC FLUID AND 251,100 # SAND. (10/11/11)
CODELL: REFRAC'D 7130-7146' W/116,172 GAL FRAC FLUID AND 253,600 # SAND (10/11/11)
SET CIBP @ 7170' ON 8/16/11. DRILLED OUT 10/13/11.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 10/17/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 123 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 123 Bbls H2O: 21 GOR: 12300

Test Method: FLOWING Casing PSI: 407 Tubing PSI: 112 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7132 Tbg setting date: 10/13/2011 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: OPERATIONS TECH Date: 1/16/2012 JANE.WASHBURN@ENCANA.COM

Email  
:

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
2287137	FORM 5A SUBMITTED
2287138	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)