

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400295154

Date Received:

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 05-123-16574-00
6. County: WELD
7. Well Name: ARISTOCRAT ANGUS
Well Number: 21-4C
8. Location: QtrQtr: NENW Section: 4 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/18/2012 End Date: 02/18/2012 Date of First Production this formation: 04/21/1993

Perforations Top: 7190 Bottom: 7206 No. Holes: 32 Hole size:

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

Refrac'd 7190-7206 with 2758 bbls frac fluid and 256,413 # sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2758 Max pressure during treatment (psi): 5207

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Number of staged intervals: 1

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 1.00

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 36

Fresh water used in treatment (bbl): 2758 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 256413 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/21/1993

Perforations Top: 6885 Bottom: 7206 No. Holes: 216 Hole size: _____

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

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/02/2012 Hours: 6 Bbl oil: 8 Mcf Gas: 161 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 32 Mcf Gas: 644 Bbl H2O: 4 GOR: 20125

Test Method: Flow Casing PSI: 254 Tubing PSI: 214 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 03/17/2012 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 Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/05/2012 End Date: 03/05/2012 Date of First Production this formation: 04/20/2012
Perforations Top: 6885 Bottom: 7126 No. Holes: 184 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Refrac'd with 3049 bbls frac fluid and 250,660 # sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3049

Max pressure during treatment (psi): 7229

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Number of staged intervals: 1

Total acid used in treatment (bbl): 0

Max frac gradient (psi/ft): 0.95

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 3049

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250660

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: Jane Washburn

Title: Operations Technologist Date: _____ Email: jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400298476	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)