

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:

400295271

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 05-123-16570-00  
6. County: WELD  
7. Well Name: ARISTOCRAT ANGUS  
Well Number: 12-4C  
8. Location: QtrQtr: SWNW 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: 04/25/1993

Perforations Top: 7192 Bottom: 7208 No. Holes: 48 Hole size:

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

Refrac'd 7192-7208 w/2682 bbls frac fluid and 250,560 # sand

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

Total fluid used in treatment (bbl): 2682 Max pressure during treatment (psi): 5308

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): 36

Fresh water used in treatment (bbl): 2682 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250560 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: NIORARA-CODELL Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 04/25/1993

Perforations Top: 6912 Bottom: 7208 No. Holes: 174 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: 04/08/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 102 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 102 Bbl H2O: 6 GOR: 51000

Test Method: Flow Casing PSI: 324 Tubing PSI: 125 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7179 Tbg setting date: 03/31/2012 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: 03/16/2012 End Date: 03/16/2012 Date of First Production this formation: 04/25/1993  
Perforations Top: 6912 Bottom: 7120 No. Holes: 126 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-frac'd 6912-7120 w/3087 bbls frac fluid and 252,080 # sand

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

Total fluid used in treatment (bbl): 3087

Max pressure during treatment (psi): 7055

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): 0.96

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 128

Fresh water used in treatment (bbl): 3087

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 252080

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
400298504	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)