

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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Document Number:

2506657

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 4. Contact Name: JANE WASHBURN
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5431
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6431
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-22561-00 6. County: WELD
7. Well Name: ARISTOCRAT ANGUS Well Number: 3-2-8
8. Location: QtrQtr: NENW Section: 8 Township: 3N Range: 65W Meridian: 6
9. Field Name: ARISTOCRAT Field Code: 2925

Completed Interval

FORMATION: <u>GREENHORN</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/20/2004</u>	Date of First Production this formation: _____
Perforations Top: <u>7430</u> Bottom: <u>7460</u>	No. Holes: <u>60</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd the Greenhorn w/ the Codell w/ 132,468 gal gel and 300,900# sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
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: GREENHORN-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7045 Bottom: 7460 No. Holes: 340 Hole size: _____

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

CIBP SET @ 7362 ON 4/3/11 DRILLED OUT 5/24/11; CBP SET @ 7140 ON 4/3/11 DRILLED OUT 5/24/11. TUBING SET AT 7288' ON 5/24/11. COMMINGLED ON 5/25/2011.

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

Test Information:

Date: 06/01/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 238 Bbls H2O: 18

Calculated 24 hour rate: _____ Bbls oil: 14 Mcf Gas: 274 Bbls H2O: 18 GOR: 17000

Test Method: FLOW TEST Casing PSI: 503 Tubing PSI: 388 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: 7288 Tbg setting date: 05/24/2011 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/03/2002 Date of First Production this formation: _____

Perforations Top: 7045 Bottom: 7332 No. Holes: 280 Hole size: _____

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

FRAC'D THE NBRR 7045-7120 W/135,198 GAL FRAC FLUID AND 250,740# SAND
FRAC'D THE CD FROM 7318-7332 WITH 120,582 GAL FRAC FLUID AND 250,360# SAND.
COBP SET @ 7362 ON 4/3/11 AND DRILLED OUT 5/24/11; CBP SET @ 7140 ON 4/3/11 AND DRILLED OUT 5/24/11.

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

Test Information:

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: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7288 Tbg setting date: 05/24/2011 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 TECHNNOGIST

Date: 8/30/2011

Email JANE.WASHBURN@ENCANA.COM

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Attachment Check List

Att Doc Num	Name
2506657	FORM 5A SUBMITTED
2506658	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)