

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:

1637971

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: SHEILLA REED-HIGH
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-30235-00 6. County: WELD
7. Well Name: MELBON RANCH Well Number: 4-8-17
8. Location: QtrQtr: SWSE Section: 17 Township: 2N Range: 65W Meridian: 6

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: N/A

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7040 Bottom: 7766 No. Holes: 170 Hole size: _____

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

JSND-NBRR-CDL COMMINGLE. SET KILL PLUG @ 6940. 03/11/2010. DRILLED OUT CFP @ 7130 AND 7400 TO COMMINGLE THE JSND-NBRR-CDL. 03/13/2010. DRILLED OUT KILL PLUG. 03/13/2010.

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

Test Information:

Date: 03/17/2010 Hours: 24 Bbls oil: 62 Mcf Gas: 432 Bbls H2O: 62
Calculated 24 hour rate: _____ Bbls oil: 62 Mcf Gas: 432 Bbls H2O: 62 GOR: 6968
Test Method: FLOWING Casing PSI: 1580 Tubing PSI: 835 Choke Size: _____
Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
Tubing Size: 2.375 Tubing Setting Depth: 7697 Tbg setting date: 03/15/2010 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SHEILLA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 4/14/2010 Email: SHEILLA.REEDHIGH@ENCANA.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Nestor

Director of COGCC

Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1637971	FORM 5A SUBMITTED	LF@2480849 1637971
1637973	WELLBORE DIAGRAM	LF@2481040 1637973

Total Attach: 2 Files