

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:

1637972

**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: (729) 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: <u>J SAND</u>		Status: <u>N/A</u>	
Treatment Date: <u>03/07/2010</u>		Date of First Production this formation: <u>03/07/2010</u>	
Perforations	Top: <u>7733</u> Bottom: <u>7766</u>	No. Holes: <u>66</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>JSAND COMPLETION. FRACD THE J SAND WITH 155106 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251080# 20/40 SAND. 03/07/2010.</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u></u>	Hours: <u></u>	Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u>
Calculated 24 hour rate:		Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>
Test Method: <u></u>	Casing PSI: <u></u>	Tubing PSI: <u></u>	Choke Size: <u></u>
Gas Disposition: <u></u>	Gas Type: <u></u>	BTU Gas: <u></u>	API Gravity Oil: <u></u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: NIOBRARA-CODELL

Status: N/A

Treatment Date: \_\_\_\_\_

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7040 Bottom: 7286 No. Holes: 104 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

NBRR-CDL COMPLETION. SET CFP @ 7400. 03/07/2010. FRACD THE CODELL WITH 108906 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251200# 30/50 SAND., 03/07/2010. SET CFP @ 7130. 03/07/2010. FRACD THE NIOBRARA WITH 132510 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250940# 30/50 SAND. 03/07/2010.

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: \_\_\_\_\_ 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: \_\_\_\_\_

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. Neslin Director of COGCC Date: 6/21/2010**Attachment Check List**

Att Doc Num	Name	Doc Description
1637972	FORM 5A SUBMITTED	LF@2480850 1637972
2553732	WELLBORE DIAGRAM	LF@2480851 2553732

Total Attach: 2 Files