



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

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	<input checked="" type="checkbox"/>		

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.

RECEIVED
MAY 08 2008
COGCC

1. OGCC Operator Number: <u>100185</u>	4. Contact Name: <u>Sheilla Reed-High</u>
2. Name of Operator: <u>EnCana Oil & Gas (USA) Inc.</u>	Phone: <u>720-876-3678</u>
3. Address: <u>370 17th Street, Suite 1700</u>	Fax: <u>720-876-4678</u>
City: <u>Denver</u> State: <u>Colo.</u> Zip: <u>80202</u>	
5. API Number 05- <u>013-06568-00</u>	6. County: <u>BOULDER</u>
7. Well Name: <u>HALEY</u>	Well Number: <u>32-3</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE SEC. 3-T1N-R69W, 6TH P.M.</u>	

Complete the Attachment Checklist

	OP	OGCC
wellbore diagram	<input type="checkbox"/>	<input type="checkbox"/>

FORMATION: JSND Status PRODUCING

Treatment Date: 03-20-08 Date of First Production this formation: _____

Perforations Top: 8090' Bottom: 8105' No. Holes 30 Hole size: .41"

Provide a brief summary of the formation treatment: Open Hole

JSND Completion

Frac'd the JSND with 165,400 gal frac fluid and 11,740# 20/40 SB Excell RCS and 241,040# sand. 03-20-08

This formation is commingled with another formation

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: _____ Squeezed Yes No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NBRR-CDL Status PRODUCING

Treatment Date: 03-20-08 Date of First Production this formation: _____

Perforations Top: 7396' Bottom: 7657' No. Holes 104 Hole size: .42"

Provide a brief summary of the formation treatment: Open Hole

NBRR-CDL Recompletion

Set CFP @ 7730'. 03-20-08. Frac'd the Codell with 114,870 gal frac fluid and 253,580# sand. 03-20-08

Set CFP @ 7480'. 03-20-08. Frac'd the Niobrara with 163,548 gal frac fluid and 254,580# sand. 03-20-08

This formation is commingled with another formation

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: _____ Squeezed Yes No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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

Print Name: Sheilla D. Reed-High Email: sheilla.reedhigh@EnCana.com

Signature: Sheilla D. Reed-High Title: Operations Technologist Date: 4-29-08