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RECEIVED MAY 08 2008 COGCC			

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	Complete the Attachment Checklist
2. Name of Operator: EnCana Oil & Gas (USA) Inc.	Phone: 720-876-3678	
3. Address: 370 17th Street, Suite 1700 City: Denver State: Colo. Zip: 80202	Fax: 720-876-4678	
5. API Number 05- 013-06568-00	6. County: BOULDER	OP OGCC
7. Well Name: HALEY	Well Number: 32-3	wellbore diagram
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE SEC. 3-T1N-R69W, 6TH P.M.		

FORMATION: JSND-NBRR-CDL	Status: <u>PRODUCING</u>	COMMINGLE
Treatment Date: N/A	Date of First Production this formation:	
Perforations Top: 7396' Bottom: 8105'	No. Holes: 134	Hole size: .41"/.42"
Provide a brief summary of the formation treatment:		Open Hole <input type="checkbox"/>
JSND-NBRR-CDL Completion		
Drilled up CFP @ 7480'. 03-30-08. Drilled up CFP @ 7730' to commingle the JSND-NBRR-CDL. 03-31-08		
This formation is commingled with another formation <input type="checkbox"/>		
Test Information:		
Date: 04-06-08	Hours: 24	Bbls oil: 71 Mcf Gas: 139 Bbls H ₂ O: 196
Calculated 24 hour rate:	Bbls oil: 71	Mcf Gas: 139 Bbls H ₂ O: 196 GOR: 1958
Test Method: FLOWING	Casing PSI: 1925	Tubing PSI: 969 Choke size:
Gas Disposition: SOLD	Gas Type: DRY	BTU Gas: 1205 API Gravity Oil: 47.1
Tubing Size: 2-3/8"	Tubing Setting Depth: 8080'	Tbg setting date: 03-31-08 Packer Depth:
Reason for Non-Production:		
Date formation Abandoned:	Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:	

FORMATION:	Status:	
Treatment Date:	Date of First Production this formation:	
Perforations Top: Bottom:	No. Holes:	Hole size:
Provide a brief summary of the formation treatment:		Open Hole <input type="checkbox"/>
This formation is commingled with another formation <input type="checkbox"/>		
Test Information:		
Date:	Hours:	Bbls oil: Mcf Gas: Bbls H ₂ O:
Calculated 24 hour rate:	Bbls oil:	Mcf Gas: Bbls H ₂ O: 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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