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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.

Complete the Attachment Checklist

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>	

OP OGCC

wellbore diagram		

FORMATION: JSND-NBRR-CDL Status: PRODUCING **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

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

Test Information:
Date: 04-06-08 Hours: 24 Bbls oil: 71 Mcf Gas: 139 Bbls H₂O: 196
Calculated 24 hour rate: Bbls oil: 71 Mcf Gas: 139 Bbls H₂O: 196 GOR: 1958
Test Method: FLOWING Casing PSI: 1925 Tubing PSI: 969 Choke size: _____
Gas Disposition: SOLD Gas Type: DRY BTU Gas: POS 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 Yes No If yes number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

per base 04/12

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

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