



FOR OGCC USE ONLY
RECEIVED
 JAN 08 2004
 OIL & GAS COMMISSION

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.



Attachment Checklist

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

1. OGCC Operator Number: 100160
 2. Name of Operator: EnCana Energy Resources Inc.
 3. Address: 1313 Denver Avenue, Building 1
 City: Ft. Lupton State: CO Zip: 80621
 4. Contact Name and Telephone: Sheilla Reed-High
 No: 720-956-3678
 Fax: 720-956-3600

5. API Number: 05-013-06500 6. County: Boulder
 7. Well Name: BAILEY Well Number: 43-1
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian) NE SE SECTION 1-T1N-R69W, 6TH P.M.

List in order of completion:

FORMATION: J SAND Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top 8088' Bottom 8124' No. Holes: 104 Size: .35" Open Hole Completion (check if yes)

Formation Treatment Describe:
 Drill cmt and stage tool. Perf'd the J Sand from 8088' - 8096', 8106' - 8124' w/ 4 spf. Frac'd w/ 196,266 gals slick water containing 161,820# 20/40 sand. RIH w/ bailer and prod. tbg. Land EOT @ 8062'. Swab.

Test Information Date: 10/14/03 Hours: 24 Bbls Oil: 5 MCF Gas: 723 Bbls H₂O: 30

Production Test Method: FLOWING Casing Pressure: 800 Flowing Tubing Pressure: 600 Choke Size:

API Gravity Oil: Oil Condensate BTU Gas: Wet Dry CO₂ Coal Gas Helium Other: Gas Disposition: SOLD

Calculated 24 Hr. Rate Bbls Oil: 5 MCF Gas: 723 Bbls H₂O: 30 GOR: 145 144600

Production Method: FLOWING

Tubing Size: 2-3/8" Setting Depth: 8062' Packer Depth:

Reason for Non-Production:

Abandonment of Zone Date: Squeezed: Y N Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion (check if yes)

Formation Treatment Describe:

Test Information Date: Hours: Bbls Oil: MCF Gas: Bbls H₂O:

Production Test Method: Casing Pressure: Flowing Tubing Pressure: Choke Size:

API Gravity Oil: Oil Condensate BTU Gas: Wet Dry CO₂ Coal Gas Helium Other: Gas Disposition:

Calculated 24 Hr. Rate Bbls Oil: MCF Gas: Bbls H₂O: GOR:

Production Method:

Tubing Size: Setting Depth: Packer Depth:

Reason for Non-Production:

Abandonment of Zone Date: Squeezed: Y N Sacks Cement:

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 Reed-High

Signed: Sheilla Reed-High Title: Operation Technician Date: 11/20/03