

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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JUN -9 04

COGCC



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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.

Complete the 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-Codell Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top 7666' Bottom 8124' No. Holes: 168 Size: .35"/.45" Open Hole Completion (check if yes)

Formation Treatment Describe: J Sand-Codell Commingled

Test Information Date: JSND-CD 04-21-04 Hours: 17 Bbls Oil: 39 MCF Gas: 400 Bbls H₂O: 13
 Production Test Method: FLOWING Casing Pressure: 670 Flowing Tubing Pressure: 510 Choke Size:
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Dry Coal Gas Other: Gas Disposition: SOLD
 Calculated 24 Hr. Rate Bbls Oil: 39 MCF Gas: 400 Bbls H₂O: 13 GOR: 10256

Production Method: FLOWING
 Tubing Size: 2-3/8" Setting Depth: 8082' 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 CO₂ Helium Dry Coal Gas 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: 06/08/04