



RECEIVED OCT 16 07 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
2. Name of Operator: EnCana Oil & Gas (USA) Inc.
3. Address: 370 17th Street, Suite 1700
City: Denver State: Colo. Zip: 80202
4. Contact Name: Sheilla Reed-High
Phone: 720-876-3678
Fax: 720-876-4678
5. API Number 05- 013-06551-00
6. County: BOULDER
7. Well Name: BAILEY Well Number: 8-8-1
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE SEC. 1-T1N-R69W, 6TH P.M.

Complete the Attachment Checklist



FORMATION: JSND-NBRR-CDL Status: PRODUCING
Treatment Date: N/A Date of First Production this formation: 10-02-07
Perforations Top: 7682' Bottom: 8386' No. Holes: 144 Hole size: .42"
Provide a brief summary of the formation treatment: JSND-NBRR-CDL Commingle
Open Hole []
Drilled up CFP @ 7810'. 09-28-07. Drilled up CFP @ 8010' to commingle the JSND-NBRR-CDL. 09-30-07

This formation is commingled with another formation []
Test Information:
Date: 10-04-07 Hours: 24 Bbls oil: 41 Mcf Gas: 219 Bbls H2O: 83
Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 219 Bbls H2O: 83 GOR: 5341
Test Method: FLOWING Casing PSI: 1236 Tubing PSI: 414 Choke size:
Gas Disposition: SOLD Gas Type: BTU Gas: 1000 API Gravity Oil: 47.6
Tubing Size: 2-3/8" Tubing Setting Depth: 8350' Tbg setting date: 09-30-07 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 below 10/07

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: [Signature] Title: Operations Technologist Date: 9-24-07