



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		

List in order of completion:

1. OGCC Operator Number: 100185		4. Contact Name and Telephone Sheilla Reed-High	
2. Name of Operator: EnCana Oil & Gas (USA) Inc.		No: 720-876-3678	
3. Address: 370 17th Street, Suite 1700 City: Denver State: Colo Zip: 80202		Fax: 303-623-2400	
5. API Number: 05-013-06507-00		6. County: BOULDER	
7. Well Name: WHEELER		Well Number: 32-1	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian) SW NE SECTION 1-T1N-R69W, 6TH P.M.			
FORMATION: J SAND		<input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In	
<input type="checkbox"/> Commingled			
Perforations Gross Interval: Top 8040'		Bottom 8060' No. Holes: 40 Size: .38"	
Open Hole Completion (check if yes) <input type="checkbox"/>			
Formation Treatment Describe: J Sand Completion			
Frac'd the J Sand (8040' - 8060') with 207,862 gal frac fluid with 300,700# sand. 03-08-05			
Test Information Date:		Hours:	
Bbls Oil:		MCF Gas:	
Bbls H ₂ O:			
Production Test Method:		Casing Pressure:	
Flowing Tubing Pressure:		Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate		BTU Gas: <input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	
Gas Disposition:			
Calculated 24 Hr. Rate Bbls Oil:		MCF Gas:	
Bbls H ₂ O:		GOR:	
Production Test Method:			
Tubing Size:		Setting Depth:	
Packer Depth:			
Reason for Non-Production:			
Abandonment of Zone Date:		Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Sacks Cement:			
Bridge Plug Depth:		Sacks Cement on Top:	
FORMATION: CODELL		<input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In	
<input type="checkbox"/> Commingled			
Perforations Gross Interval: Top 7593'		Bottom 7613' No. Holes: 80 Size: .38"	
Open Hole Completion (check if yes) <input type="checkbox"/>			
Formation Treatment Describe: Codell Recompletion			
Set CBP @ 7710'. 03-09-05			
Frac'd the Codell (7593' - 7613') with 111,426 gal frac fluid and 196,629# sand. 03-13-05			
Test Information Date:		Hours:	
Bbls Oil:		MCF Gas:	
Bbls H ₂ O:			
Production Test Method:		Casing Pressure:	
Flowing Tubing Pressure:		Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate		BTU Gas: <input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	
Gas Disposition:			
Calculated 24 Hr. Rate Bbls Oil:		MCF Gas:	
Bbls H ₂ O:		GOR:	
Production Method:			
Tubing Size:		Setting Depth:	
Packer Depth:			
Reason for Non-Production:			
Abandonment of Zone Date:		Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> 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: Byron R. Gale

Signed: Byron R. Gale Title: Team Leader, DJ Basin Date: 4/28/05