

State of Colorado
Oil and Gas Conservation Commission



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

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COGCC

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: 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 and Telephone
Sheilla Reed-High
No: 720-876-3678
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.

List in order of completion:

FORMATION: JSND-CDL Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top 7593' Bottom 8060' No. Holes: 120 Size: .38" Open Hole Completion (check if yes)

Formation Treatment Describe:
J Sand-Codell Commingled

Drilled out CBP @ 7710' to commingle the J Sand-Codell. 04-03-05

Test Information Date: 04-06-05 Hours: 24 Bbls Oil: 52 MCF Gas: 513 Bbls H₂O: 80

Production Test Method: FLOWING Casing Pressure: 900 Flowing Tubing Pressure: 620 Choke Size: 18/64"

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

Calculated 24 Hr. Rate Bbls Oil: 52 MCF Gas: 513 Bbls H₂O: 80 GOR: 9865

Production Test Method: FLOWING

Tubing Size: 2-3/8" Setting Depth: 8041' 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:

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: Byron R. Gale

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