



FOR OGCC USE ONLY
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MAY -2 05
OGCC

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

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	Fax: 303-623-2400
City: Denver State: Colo. Zip: 80202	
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: JSND-CDL	<input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In	<input checked="" type="checkbox"/> Commingled
Perforations Gross Interval: Top 7593'	Bottom 8060'	No. Holes: 120 Size: .38"
Open Hole Completion (check if yes) <input type="checkbox"/>		

Formation Treatment Describe:
J Sand-Codell Commingle

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 H ₂ O: 80
Production Test Method: FLOWING	Casing Pressure: 900	Flowing Tubing Pressure: 620	Choke Size: 18/64"	
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: SOLD	
Calculated 24 Hr. Rate	Bbls Oil: 52	MCF Gas: 513	Bbls H ₂ O: 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: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:	
Bridge Plug Depth:	Sacks Cement on Top:			

FORMATION:	<input type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top	Bottom	No. Holes: Size: Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe:

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