

State of Colorado Oil and Gas Conservation Commission

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



RECEIVED MAR -8 06 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 4. Contact Name: Sheilla Reed-High
2. Name of Operator: EnCana Oil & Gas (USA) Inc.
3. Address: 370 17th Street, Suite 1700 Denver, 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.

Complete the Attachment Checklist



FORMATION: NBRR-CDL Status: PRODUCING
Treatment Date: 11/29/05 Date of First Production this formation: 12/02/05
Perforations Top: 7262' Bottom: 7613' No. Holes: 240 Hole size: .38"/.42"
Provide a brief summary of the formation treatment: Open Hole
NBRR-CDL RECOMPLETION
Frac'd the Codell (7593' - 7613') with 111,426 gal frac fluid and 196,629# sand. 03-13-05
Set CBP @7485'. 11-24-05. Frac'd the Niobrara (7262' - 7272', 7355' - 7385') with 181,692 gal frac fluid and 200,851# sand. 11-29-05
This formation is commingled with another formation
Test Information:
Date: 01-11-06 Hours: 24 Bbls oil: 7 Mcf Gas: 50 Bbls H2O: 14
Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 50 Bbls H2O: 14 GOR: 7143
Test Method: FLOWING Casing PSI: 718 Tubing PSI: 709 Choke size:
Gas Disposition: SOLD Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: 2-3/8" Tubing Setting Depth: 7253' Tbg setting date: 01/05/06 Packer Depth: N/A
Reason for Non-Production:
Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

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: Byron R. Gale Email: Byron.Gale@EnCana.com
Signature: [Signature] Title: Team Leader, DJ Basin Date: 2/27/06