



DE ET OE ES

State of Colorado Oil and Gas Conservation Commission

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

COMPLETED INTERVAL REPORT

RECEIVED APR 24 2006 COGCC

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.

Complete the Attachment Checklist

1. OGCC Operator Number: 100185
2. Name of Operator: EnCana Oil & Gas (USA) Inc.
3. Address: 370 17th Street, Suite 1700
4. Contact Name: Sheilla Reed-High
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.

OP OGCC wellbore diagram

FORMATION: JSND-NBRR-CDL Status PRODUCING
Treatment Date: N/A Date of First Production this formation: 03/07/06
Perforations Top: 7262' Bottom: 8060' No. Holes 280 Hole size: .38"/.42"
Provide a brief summary of the formation treatment: JSND-NBRR-CDL Commingle
Drilled out CBP @ 7485' to commingle the JSND-NBRR-CDL. 03-02-06
This formation is commingled with another formation
Test Information: Date: 03/09/06 Hours: 24 Bbls oil: 51 Mcf Gas: 131 Bbls H2O: 11
Calculated 24 hour rate: Bbls oil: 51 Mcf Gas: 131 Bbls H2O: 11 GOR: 2569
Test Method: FLOWING Casing PSI: 957 Tubing PSI: 657 Choke size:
Gas Disposition: SOLD Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: 2-3/8" Tubing Setting Depth: 8030' Tbg setting date: 03/03/06 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: [Handwritten Signature] Title: Team Leader, DJ Basin Date: 4/19/06