



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
2. Name of Operator: EnCana Oil & Gas (USA) Inc.
3. Address: 370 17th Street Suite 1700
4. Contact Name: Susan Guidry
5. API Number 05- 013-06537-00
6. County: Boulder
7. Well Name: Wheeler Well Number: 31-1
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE Sec 1 T1N R69W 6th PM

Complete the Attachment Checklist



OP OGCC

wellbore diagram ✓ 1837680

FORMATION: JSND-NBRR-CDL Status: COMMINGLED
Treatment Date: NA Date of First Production this formation: 03/24/2007
Perforations Top: 7506' Bottom: 8200' No. Holes 132 Hole size: .41"/.42"
Provide a brief summary of the formation treatment: JSND-NBRR-CDL Commingle
Drilled out CFP @ 7610' and 7840' to commingle the JSND-NBRR-CDL 05/02/2007
This formation is commingled with another formation [yes]
Test Information: Date: 03/25/07 Hours: 24 Bbls oil: 124 Mcf Gas: 295 Bbls H2O: 61
Calculated 24 hour rate: Bbls oil: 124 Mcf Gas: 295 Bbls H2O: 61 GOR: 2379
Test Method: Sales Casing PSI: 1050 Tubing PSI: 650 Choke size: NC
Gas Disposition: sold Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: 2 3/8" Tubing Setting Depth: 8164 Tbg setting date: 05/02/07 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:

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: Susan Guidry Email: susan.guidry@encana.com
Signature: [Handwritten Signature] Title: Operations Tech Date: 25/5/07