

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

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: Susan Guidry
2. Name of Operator: EnCana Oil & Gas (USA) Inc.	Phone: 720-876-3219
3. Address: 370 17th Street Suite 1700	Fax: 720-876-4219
City: Denver State: CO Zip: 80202	
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: ~~Producing~~ 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: Open Hole ☐

JSND-NBRR-CDL Commingled

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: *Susan Guidry* Title: Operations Tech Date: 25/5/07