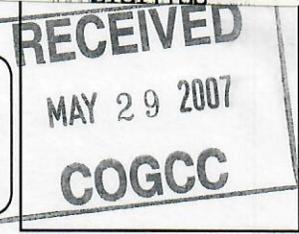




01917735

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: <u>100185</u>	4. Contact Name
2. Name of Operator: <u>EnCana Oil & Gas (USA) Inc.</u>	<u>Susan Guidry</u>
3. Address: <u>370 17th Street Suite 1700</u>	Phone: <u>720-876-3219</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>720-876-4219</u>
5. API Number 05- <u>013-06537-00</u>	6. County: <u>Boulder</u>
7. Well Name: <u>Wheeler</u>	Well Number: <u>31-1</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE Sec 1 T1N R69W 6th PM</u>	

Complete the Attachment Checklist



OP / OGCC

wellbore diagram *1837688*

FORMATION: J SAND Status Producing

Treatment Date: 03/15/07 Date of First Production this formation: 03/24/2007

Perforations Top: 8182' Bottom: 8200' No. Holes 36 Hole size: 0.41

Provide a brief summary of the formation treatment: Open Hole
J Sand Completion Frac'd the J Sand with 140,079 Gal of frac fluid and 133,820# sand 03/15/2007

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: _____

FORMATION: NBRR-CDL Status Producing

Treatment Date: 03/15/07 Date of First Production this formation: _____

Perforations Top: 7506' Bottom: 7756' No. Holes 96 Hole size: .42"/.42"

Provide a brief summary of the formation treatment: Open Hole
NBRR-CDL Recompletion
Set CFP @ 7840'. 03/16/2007. Frac'd the Codell with 109,749 gal Frac Fluid and 244,111# 30/50 Sand 03/15/2007
Set CFP @ 7610'. 03/16/2007. Frac'd the Niobrara with 175,980 gal Frac fluid and 265,980# 20/40 Sand

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