

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2511085

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 95960 4. Contact Name: W. T. DAVEY JR
2. Name of Operator: WEXPRO COMPANY Phone: (307) 352-7575
3. Address: P O BOX 45003 Fax: (307) 352-7575
City: SALT LAKE CITY State: UT Zip: 84145-06

5. API Number 05-081-07583-00 6. County: MOFFAT
7. Well Name: CARL ALLEN Well Number: 35
8. Location: QtrQtr: NWNE Section: 5 Township: 11N Range: 97W Meridian: 6
Footage at surface: Distance: 737 feet Direction: FNL Distance: 2395 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 325 feet Direction: FSL Distance: 1982 feet Direction: FEL
Sec: 32 Twp: 12N Rng: 97W
at Bottom Hole Distance: 500 feet Direction: FSL Distance: 1912 feet Direction: FEL
Sec: 32 Twp: 12N Rng: 97W

9. Field Name: POWDER WASH 10. Field Number: 69800
11. Federal, Indian or State Lease Number: COD0038678

12. Spud Date: (when the 1st bit hit the dirt) 12/29/2009 13. Date TD: 02/06/2010 14. Date Casing Set or D&A: 02/13/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8663 TVD 8471 17 Plug Back Total Depth MD 8649 TVD 8549

18. Elevations GR 6675 KB 6690

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

NO OPEN HOLE LOGS RUN

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	20	0	0	60	6		60	CALC
SURF	14+3/4	10+3/4	0	0	270	275		270	CALC
1ST	8+3/4	7	0	0	963	275		963	CALC
2ND	6+1/8	4+1/2	0	0	8,583	845		8,583	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: W.T.DAVEY JR.

Title: DRILLING MANAGER Date: 7/21/2010 Email: NONE@GIVEN.COM

Attachment Check List

Att Doc Num	Name
2511085	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)