

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:

400139257

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: Jim Horner
2. Name of Operator: WEXPRO COMPANY Phone: (307) 3527523
3. Address: P O BOX 45003 Fax: (307) 3527575
City: SALT LAKE CITY State: UT Zip: 84145-06

5. API Number 05-081-07606-00 6. County: MOFFAT
7. Well Name: SUGAR LOAF GOVERNMENT Well Number: 17
8. Location: QtrQtr: SENE Section: 5 Township: 11N Range: 101W Meridian: 6
Footage at surface: Distance: 2020 feet Direction: FNL Distance: 448 feet Direction: FEL
As Drilled Latitude: 40.944011 As Drilled Longitude: -108.765114

GPS Data:

Data of Measurement: 02/04/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: Shawn Hawk

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: SUGAR LOAF 10. Field Number: 80000
11. Federal, Indian or State Lease Number: COC0002981

12. Spud Date: (when the 1st bit hit the dirt) 09/29/2010 13. Date TD: 10/15/2010 14. Date Casing Set or D&A: 10/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6010 TVD _____ 17 Plug Back Total Depth MD 5991 TVD _____

18. Elevations GR 7009 KB 7027

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:

DIL, FDC, CN, CBL

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
SURF	12+1/4	9+5/8	36#		489	270		489	VISU
1ST	7+7/8	4+1/2	13.5#		6,010	2,280		6,010	CBL

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	
FORT UNION	2,695	4,858	<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	4,859	5,046	<input type="checkbox"/>	<input type="checkbox"/>	
ALMOND	5,047	5,916	<input type="checkbox"/>	<input type="checkbox"/>	
ERICSON	5,917	6,010	<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: Chris Beilby

Title: Completion Manager Date: _____ Email: chris.beilby@questar.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)