

FORM
5A

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



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COMPLETED INTERVAL REPORT

Document Number:

400139423

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: 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
 9. Field Name: SUGAR LOAF Field Code: 80000

Completed Interval

FORMATION: ALMOND Status: PRODUCING
 Treatment Date: 01/28/2011 Date of First Production this formation: 02/03/2011
 Perforations Top: 5754 Bottom: 5826 No. Holes: 30 Hole size: 0.34
 Provide a brief summary of the formation treatment: 55,568 Gals Delta 140 & 70Q N2 Foam w/ 90,000# 20/40 Sand Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/15/2011 Hours: 20 Bbls oil: 20 Mcf Gas: 1164 Bbls H2O: 241
 Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 2549 Bbls H2O: 24 GOR: 106
 Test Method: Vented Casing PSI: 980 Tubing PSI: 1260 Choke Size: 28/64
 Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1121 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5682 Tbg setting date: 02/14/2011 Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

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 |
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| User Group | Comment | Comment Date |
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