

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">2517288</div>				
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>95960</u>	4. Contact Name: <u>JIM HORNER</u>
2. Name of Operator: <u>WEXPRO COMPANY</u>	Phone: <u>(307) 352-7523</u>
3. Address: <u>P O BOX 45003</u>	Fax: <u>(307) 352-7575</u>
City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-06</u>	

5. API Number <u>05-081-06159-00</u>	6. County: <u>MOFFAT</u>
7. Well Name: <u>BW MUSSER</u>	Well Number: <u>16</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>5</u> Township: <u>11N</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>POWDER WASH</u> Field Code: <u>69800</u>	

<u>Completed Interval</u>	
FORMATION: <u>WASATCH</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>5045</u> Bottom: <u>5075</u>	No. Holes: <u>120</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/14/2010</u> Hours: <u>55</u> Bbls oil: <u>0</u> Mcf Gas: <u>1421</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: <u>728</u> Bbls H2O: <u>1</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: _____ Tubing PSI: <u>220</u> Choke Size: <u>28/64</u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1224</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>4979</u> Tbg setting date: <u>05/18/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 MGR Date: 10/4/2010 Email CHRIS.BEILBY@QUESTAR.COM

Attachment Check List

Att Doc Num	Name
2517287	WELLBORE DIAGRAM
2517288	FORM 5A SUBMITTED
2517289	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)