


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2517288</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
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>				
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: <u>728</u>				
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: <u>CHRIS BEILBY</u>					
Title: <u>COMPLETION MGR</u>	Date: <u>10/4/2010</u>	Email <u>CHRIS.BEILBY@QUESTAR.COM</u>					

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)