

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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Document Number:

400139423

COMPLETED INTERVAL REPORT

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:

Open Hole: ☐

55,568 Gals Delta 140 & 70Q N2 Foam w/ 90,000# 20/40 Sand

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: 3/4/2011 Email chris.beilby@questar.com

Attachment Check List

Att Doc Num	Name
400139423	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)