


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="border: 1px solid black; padding: 5px; text-align: center;">400189294</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) 3527523</u>					
3. Address: <u>P O BOX 45003</u>		Fax: <u>(307) 3527575</u>					
City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-06</u>							
5. API Number <u>05-081-07422-00</u>		6. County: <u>MOFFAT</u>					
7. Well Name: <u>J C DONNELL</u>		Well Number: <u>17</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>30</u> Township: <u>12N</u> Range: <u>97W</u> Meridian: <u>6</u>							
9. Field Name: <u>POWDER WASH</u>		Field Code: <u>69800</u>					
Completed Interval							
FORMATION: <u>FORT UNION</u>		Status: <u>PLUGGED AND ABANDONED</u>					
Treatment Date: _____		Date of First Production this formation: _____					
Perforations Top: <u>5436</u>	Bottom: <u>9142</u>	No. Holes: <u>848</u>	Hole size: <u>1/4</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: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____				
Test Method: _____		Casing PSI: _____	Tubing PSI: _____				
Gas Disposition: _____		Gas Type: _____	BTU Gas: _____				
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____				
Reason for Non-Production: _____		Packer Depth: _____					
Production proved to be uneconomical							
Date formation Abandoned: <u>04/14/2011</u>		Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Bridge Plug Depth: <u>5420</u>		If yes, number of sacks cmt <u>100</u>					
Sacks cement on top: <u>100</u>							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>WASATCH</u>		Status: <u>INJECTING</u>			
Treatment Date: _____		Date of First Production this formation: _____			
Perforations	Top: <u>4525</u>	Bottom: <u>4600</u>	No. Holes: <u>450</u>	Hole size: <u>1/4</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
<div>Fracked w/ 32,486 Gals 17# Delta 140 w/ 40,660# 16/30 sand</div> <div>Previously squeezed perms at 4754 to 5216.</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____		Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____		Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4470</u>	Tbg setting date: <u>07/14/2011</u>	Packer Depth: <u>4470</u>		
Reason for Non-Production:					
<div>Fracked to assist injectivity</div>					
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:
<div></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.				
Signed: _____		Print Name: <u>Jim Horner</u>		
Title: <u>Petroleum Engineer</u>	Date: <u>7/26/2011</u>	Email: <u>jim.horner@questar.com</u>	:	

Attachment Check List

Att Doc Num	Name
400189294	FORM 5A SUBMITTED
400189365	CEMENT JOB SUMMARY
400189532	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)