

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 with 4 columns: DE, ET, OE, ES

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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 2. Name of Operator: WEXPRO COMPANY 3. Address: P O BOX 45003 City: SALT LAKE CITY State: UT Zip: 84145-06 4. Contact Name: Jim Horner Phone: (307) 3527523 Fax: (307) 3527575

5. API Number 05-081-07422-00 6. County: MOFFAT 7. Well Name: J C DONNELL Well Number: 17 8. Location: QtrQtr: SWNE Section: 30 Township: 12N Range: 97W Meridian: 6 9. Field Name: POWDER WASH Field Code: 69800

Completed Interval

FORMATION: FORT UNION Status: PLUGGED AND ABANDONED

Treatment Date: Date of First Production this formation: Perforations Top: 5436 Bottom: 9142 No. Holes: 848 Hole size: 1/4 Provide a brief summary of the formation treatment: Open Hole: []

This formation is commingled with another formation: [] Yes [X] 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Production proved to be uneconomical

Date formation Abandoned: 04/14/2011 Squeeze: [X] Yes [] No If yes, number of sacks cmt 100 Bridge Plug Depth: 5420 Sacks cement on top: 100

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WASATCH Status: INJECTING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 4525 Bottom: 4600 No. Holes: 450 Hole size: 1/4

Provide a brief summary of the formation treatment: _____ Open Hole:

Fracked w/ 32,486 Gals 17# Delta 140 w/ 40,660# 16/30 sand

Previously squeezed perms at 4754 to 5216.

This formation is commingled with another formation: Yes 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: 2 + 3/8 Tubing Setting Depth: 4470 Tbg setting date: 07/14/2011 Packer Depth: 4470

Reason for Non-Production: _____

Fracked to assist injectivity

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: Jim Horner

Title: Petroleum Engineer Date: 7/26/2011 Email jim.horner@questar.com

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)