

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400193648

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary 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-

4. Contact Name: William Davey

Phone: (307) 3527553

Fax: (307) 3527575

5. API Number 05-081-07608-00

6. County: MOFFAT

7. Well Name: BW MUSSER

Well Number: 34

8. Location: QtrQtr: SESW Section: 5 Township: 11N Range: 97W Meridian: 6

Footage at surface: Distance: 202 feet Direction: FSL Distance: 1421 feet Direction: FWL

As Drilled Latitude: 40.935526 As Drilled Longitude: -108.319973

GPS Data:

Data of Measurement: 04/07/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Micheal L. Brown

** If directional footage

at Top of Prod. Zone Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FWL

Sec: 5 Twp: 11N Rng: 97W

at Bottom Hole Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FWL

Sec: 5 Twp: 11N Rng: 97W

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COD038749A

12. Spud Date: (when the 1st bit hit the dirt) 10/24/2010 13. Date TD: 01/23/2011 14. Date Casing Set or D&A: 01/26/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10135 TVD 10048 17 Plug Back Total Depth MD 10125 TVD 10038

18. Elevations GR 7037 KB 7065

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26+0/0 | 20+0/0 | 42 | 0 | 80 | 150 | 0 | 80 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,520 | 795 | 0 | 1,520 | VISU |
| NEW | 7+7/8 | 4+1/2 | 13.5 | 0 | 10,135 | 2,485 | 0 | 10,135 | VISU |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

| |
|--|
| |
|--|

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: William T. Davey, Jr

Title: Drilling Manager Date: _____ Email: Bill.Davey@Questar.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

| | | |
|--|--|--|
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Total: 0 comment(s)