

FORM  
5  
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



DE ET OE ES

Document Number:  
400193668

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 05-081-07631-00  
6. County: MOFFAT  
7. Well Name: BW MUSSER Well Number: 72  
8. Location: QtrQtr: NESE Section: 5 Township: 11N Range: 97W Meridian: 6  
Footage at surface: Distance: 2030 feet Direction: FSL Distance: 906 feet Direction: FEL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:  
Data of Measurement: 06/27/2011 PDOP Reading: 3.9 GPS Instrument Operator's Name: Larry D. Brown

\*\* If directional footage  
at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:  
Sec: Twp: Rng:  
at Bottom Hole Distance: feet Direction: Distance: feet Direction:  
Sec: Twp: Rng:

9. Field Name: POWDER WASH 10. Field Number: 69800  
11. Federal, Indian or State Lease Number: COD0038749

12. Spud Date: (when the 1st bit hit the dirt) 12/16/2010 13. Date TD: 03/09/2011 14. Date Casing Set or D&A: 03/11/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9660 TVD 9602 17 Plug Back Total Depth MD 9648 TVD 9590

18. Elevations GR 6741 KB 6769  
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	155	0	80	CALC
SURF	12+1/4	9+5/8	36	0	1,527	795	0	1,527	VISU
NEW	7+7/8	4+1/2	13.5	0	9,661	1,575	0	9,661	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
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**

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

Total: 0 comment(s)