

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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**COMPLETED INTERVAL REPORT**

Document Number:

400206181

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-</u>	

5. API Number <u>05-081-07631-00</u>	6. County: <u>MOFFAT</u>
7. Well Name: <u>BW MUSSER</u>	Well Number: <u>72</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>5</u> Township: <u>11N</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>POWDER WASH</u>	Field Code: <u>69800</u>

### Completed Interval

FORMATION: FORT UNION Status: PRODUCING

Treatment Date: 06/10/2011 Date of First Production this formation: 06/21/2011

Perforations Top: 6540 Bottom: 9126 No. Holes: 198 Hole size: 1/4

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

490,936 Gals Delta 140 70Q N2 w/ 544,754# 20/40 & 70000# 100 Mesh Sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 06/23/2011 Hours: 24 Bbls oil: 32 Mcf Gas: 755 Bbls H2O: 96

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 32 Mcf Gas: 755 Bbls H2O: 96 GOR: 22

Test Method: Flowing Casing PSI: 320 Tubing PSI: \_\_\_\_\_ Choke Size: 40/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1163 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6413 Tbg setting date: 08/25/2011 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: \_\_\_\_\_

FORMATION: LANCE Status: PRODUCING

Treatment Date: 06/10/2011 Date of First Production this formation: 06/21/2011

Perforations Top: 9222 Bottom: 9344 No. Holes: 36 Hole size: 1/4

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

See Fort Union Summary

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: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: \_\_\_\_\_ Email: chris.beilby@questar.com

Based on the information provided herein, this Completed Interval Report (Form 5A) 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**

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

Total: 0 comment(s)