

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:  
400207711

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: Jim Horner  
Phone: (307) 352-7523  
Fax: (307) 352-7575

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: 40.935527 As Drilled Longitude: -108.320000

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

\*\* If directional footage  
at Top of Prod. Zone Distance: 623 feet Direction: FSL Distance: 1920 feet Direction: FWL  
Sec: 5 Twp: 11N Rng: 97W  
at Bottom Hole Distance: 719 feet Direction: FSL Distance: 2028 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: 02/15/2011 14. Date Casing Set or D&A: 02/18/2011

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

16. Total Depth MD 10085 TVD 10030 17 Plug Back Total Depth MD 9975 TVD 9920

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:  
CNL-FDL, DIL, GR, CBL

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	20	42	0	80	150	0	80	CALC
SURF	12+1/4	9+5/8	36	0	1,543	795	0	1,543	VISU
1ST	7+7/8	4+1/2	13.5	0	10,084	2,765	0	10,084	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	
WASATCH	0		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,846		<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	9,498		<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	9,825		<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: Chris Beilby

Title: Completion Manager Date: \_\_\_\_\_ Email: chris.beilby@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
400209741	DIRECTIONAL SURVEY

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)