

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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Document Number:

400207718

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 4. Contact Name: Jim Horner
2. Name of Operator: WEXPRO COMPANY Phone: (307) 352-7523
3. Address: P O BOX 45003 Fax: (307) 352-7575
City: SALT LAKE CITY State: UT Zip: 84145-

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
9. Field Name: POWDER WASH Field Code: 69800

Completed Interval

| | | | |
|---|--------------------------------------|---|---|
| FORMATION: <u>FORT UNION-LANCE</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>08/17/2011</u> | | Date of First Production this formation: <u>09/11/2011</u> | |
| Perforations | Top: <u>5890</u> Bottom: <u>9670</u> | No. Holes: <u>196</u> | Hole size: <u>1/3</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| This formation is commingled with another formation: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | | | |
| Date: <u>09/19/2011</u> | Hours: <u>3</u> | Bbls oil: <u>16</u> | Mcf Gas: <u>17</u> Bbls H2O: <u>17</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>124</u> | Mcf Gas: <u>1087</u> Bbls H2O: <u>139</u> GOR: <u>9</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>1126</u> | Tubing PSI: <u>674</u> | Choke Size: <u>21/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: <u>1143</u> | API Gravity Oil: <u>46</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>5758</u> | Tbg setting date: <u>08/30/2011</u> | Packer Depth: <u></u> |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| Date formation Abandoned: <u></u> | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u></u> |
| Bridge Plug Depth: <u></u> | | Sacks cement on top: <u></u> | |

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|--|-----------------------------|---|---|--------------------------|------------|
| FORMATION: <u>FORT UNION</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>08/17/2011</u> | | Date of First Production this formation: <u>09/11/2011</u> | | | |
| Perforations | Top: <u>5890</u> | Bottom: <u>9480</u> | No. Holes: <u>154</u> | Hole size: <u>1/3</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| 269,671 GAL DELTA 140 W/ N2, 337,500# OF 20/40 OTTAWA, 30,000# OF 100 MESH | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: _____ | | | | | |
| | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | |

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|--|-----------------------------|---|---|--------------------------|------------|
| FORMATION: <u>LANCE</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>08/17/2011</u> | | Date of First Production this formation: <u>09/11/2011</u> | | | |
| Perforations | Top: <u>9576</u> | Bottom: <u>9670</u> | No. Holes: <u>42</u> | Hole size: <u>1/3</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| 73,095 GAL DELTA 140 W/ N2, 120,000# OF VERSAPROP, 10,000# OF 100 MESH | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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> |
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Total: 0 comment(s)