

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



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| DE | ET | OE | ES |
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Document Number:
400236008

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 4. Contact Name: Bill Davey
 2. Name of Operator: WEXPRO COMPANY Phone: (307) 3527553
 3. Address: P O BOX 45003 Fax: (307) 3527575
 City: SALT LAKE CITY State: UT Zip: 84145-

5. API Number 05-081-07468-00 6. County: MOFFAT
 7. Well Name: B W MUSSER Well Number: 31
 8. Location: QtrQtr: NENE Section: 4 Township: 11N Range: 97W Meridian: 6
 Footage at surface: Distance: 348 feet Direction: FNL Distance: 607 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 932 feet. Direction: FNL Dist.: 766 feet. Direction: FEL
 Sec: 4 Twp: 11N Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 932 feet. Direction: FNL Dist.: 766 feet. Direction: FEL
 Sec: 4 Twp: 11N Rng: 97W

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

12. Spud Date: (when the 1st bit hit the dirt) 10/24/2011 13. Date TD: 12/06/2011 14. Date Casing Set or D&A: 12/09/2011

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

16. Total Depth MD 9095 TVD** 9038 17 Plug Back Total Depth MD 9080 TVD** 9023

18. Elevations GR 6599 KB 6602 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:
 Logs will be submitted with final Form 5.

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 | 20+0/0 | 16+0/0 | 42 | 0 | 80 | 10 | 0 | 80 | |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,542 | 440 | 0 | 1,542 | |
| 1ST | 7+7/8 | 4+1/2 | 13.5 | 0 | 9,090 | 1,690 | 0 | 9,090 | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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: W.T. Davey, Jr

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400236011 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)