

**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:

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, JrTitle: Drilling Manager Date: _____ Email: Bill.Davey@Questar.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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

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

Total: 0 comment(s)