



COMPLETED INTERVAL REPORT

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APR 07 2008

COGCC

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.

Complete the
Attachment
Checklist

1. OGCC Operator Number: 95960 4. Contact Name Jim Horner
2. Name of Operator: Wexpro Company
3. Address: P.O. Box 458 Phone: 307-352-7523
City: Rock Springs State: WY Zip: 82902 Fax: 307-352-7575

OP OGCC

5. API Number 05-081-07408-0001 6. County: Moffat
7. Well Name: ACE UNIT Well Number: #13
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE SE SEC 28 T12N R97W

wellbore diagram ☐ ☒

FORMATION: Fort Union

Status

Producing

Treatment Date: 2/2-3/1/08 Date of First Production this formation: 3/24/2008

Perforations Top: 6,212' Bottom: 8,622' No. Holes 440 Hole size: 0.34"

Provide a brief summary of the formation treatment:

Open Hole ☐

6,212-8,622' - 211,598 GALS 70Q N2 FOAM W/ 358,050# OF 20/40 SAND

This formation is commingled with another formation

☒ no

Test Information:

Date: 3/4-7/08 Hours: 78 Bbls oil: 0 Mcf Gas: 2486 Bbls H₂O: 536

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1173 Bbls H₂O: 24 GOR: N/A

Test Method: Flowing Casing PSI: 725 Tubing PSI: 525 Choke size: 26/64

Gas Disposition: vented Gas Type: Dry BTU Gas: API Gravity Oil:

Tubing Size: 2-3/8" Tubing Setting Depth: 6,137.00' Tbg setting date: 03/05/08 Packer Depth: N/A

Reason for Non-Production:

Date formation Abandoned: Squeezed ☐ Yes ☐ No If yes number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION:

Status

Treatment Date: Date of First Production this formation:

Perforations Top: Bottom: No. Holes Hole size:

Provide a brief summary of the formation treatment:

Open Hole ☐

This formation is commingled with another formation

☐

Test Information:

Date: Hours: 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: Squeezed ☐ Yes ☐ No If yes number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

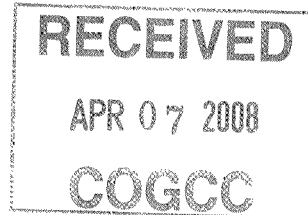
Print Name: Chris Beilby Email: chris.beilby@questar.com

Signature: Title: Completion Manager Date: 4-3-08

Ace Unit #13
NE SE Sec 28 - T11N - R97W
Moffat Co., Colorado

Drilled by Wexpro Co.: February, 2008
As of original completion: March, 2008
All depths are KB measurements unless otherwise noted

081-07408-01



PRESENT STATUS

