02006803

Form 5 Rev. 6/99

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax: (303)894-2109

"FINAL"

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DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

1. **OGCC Operator Number:** 95960
2. Name of Operator: Wexpro Company
3. Address: P. O. Box 458
City: Rock Springs State: WY Zip: 82902

4. Contact Name and Telephone
Dee Findlay dee.findlay@questar.com
No: (307) 922-5608
Fax: (307) 352-7575

5. **API Number:** 05-081-07408-00 6. County: Moffatt County
7. Well Name: Ace Unit Well Number: No 13
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE SE 28-12N-97W
Footage at Surface: 1478' FSL 1055' FWL 9. Was a directional survey run? [ ] Y [X] N
If directional, footage at Top of Prod. Zone:
If directional, footage at Bottom Hole:
10. Field Name: Powder Wash Field Number: 69800
11. Federal, Indian or State Lease Number: COC-047584X

Complete the Attachment Checklist

	Op	OGCC
Survey Plat		
Directional Survey		✓
Surface Equipment Diagram		
Technical Information Page		
Other		

12. Spud Date 12/9/2007
13. Date TD 12/29/2007
14. Date Completed or D&A 12/30/2007

16. Total Depth MD 4220' TVD
17. Plug Back Total MD 2856' TVD

18. Was a Mud Log Run? [X] Yes [ ] No
** One copy of all electric and mud logs must be submitted. **
19. Elevations GR 6532' KB
20. List Electric Logs Run:

15. **Well Classification**
[ ] Dry [ ] Oil [X] Gas
[ ] Coalbed
[ ] Stratigraphic [ ] Disposal
[ ] Enhanced Recovery
[ ] Gas Strg. [ ] Observation
[ ] Other:

21. CASING, LINER AND CEMENT

Submit contractor's cement job summary for each string cemented.

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Cement Interval Top	Cement Interval Bottom	Identify Method CBL	Identify Method Calc
1	12 1/4	9 5/8	36	0	491	273	SURFACE	495	[ ]	[X]
									[ ]	[ ]
Stage Cement									[ ]	[ ]
									[ ]	[ ]
	/	/							[ ]	[ ]
Stage Cement									[ ]	[ ]
									[ ]	[ ]
	/	/							[ ]	[ ]
Stage Cement									[ ]	[ ]
									[ ]	[ ]
	/	/							[ ]	[ ]
	/	/							[ ]	[ ]

22. FORMATION LOG INTERVALS and TEST ZONES

*** All DST and Core analysis must be submitted to COGCC. ***

Formation	Measured Depth Top	Measured Depth Bottom	Check if applies DST	Check if applies Cored	Comments
Wasatch	Surface	4220'	[ ]	[ ]	

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

Print Name: W. T. Davey, Jr.
Signed W. T. Davey Jr. Title: Staff Drilling Engineer Date: 102908

NWAE 2/13/12