

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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 05-081-07618-00 6. County: MOFFAT
7. Well Name: BW MUSSER Well Number: 38
8. Location: QtrQtr: NENE Section: 4 Township: 11N Range: 97W Meridian: 6
9. Field Name: POWDER WASH Field Code: 69800

Completed Interval

FORMATION: FORT UNION Status: PRODUCING Treatment Type: FRACTURE

Treatment Date: 02/16/2012 End Date: 02/16/2012 Date of First Production this formation: 03/05/2012

Perforations Top: 6134 Bottom: 9006 No. Holes: 182 Hole size: 1/3

Provide a brief summary of the formation treatment: Open Hole: []

294,372 GAL DELTA 140 W/ N2 417,500# OF 20/40 OTTAWA 30,039# OF 100 MESH

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/02/2012 Hours: 6 Bbl oil: 0 Mcf Gas: 228 Bbl H2O: 17

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 912 Bbl H2O: 69 GOR: 13

Test Method: Flowing Casing PSI: 425 Tubing PSI: 235 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 15 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5995 Tbg setting date: 02/25/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

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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
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)