

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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



DE ET OE ES

Document Number:

400276616

Date Received:

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: 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 05-081-07617-00

6. County: MOFFAT

7. Well Name: CARL ALLEN

Well Number: 37

8. Location: QtrQtr: NENE Section: 4 Township: 11N Range: 97W Meridian: 6

Footage at surface: Distance: 325 feet Direction: FNL Distance: 586 feet Direction: FEL

As Drilled Latitude: 40.948661 As Drilled Longitude: -108.289158

GPS Data:

Data of Measurement: 01/05/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: L.D. Brown

** If directional footage at Top of Prod. Zone Dist.: 679 feet. Direction: FSL Dist.: 653 feet. Direction: FEL

Sec: 33 Twp: 12N Rng: 97w

** If directional footage at Bottom Hole Dist.: 692 feet. Direction: FSL Dist.: 691 feet. Direction: FEL

Sec: 33 Twp: 12N Rng: 97W

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COD081267

12. Spud Date: (when the 1st bit hit the dirt) 10/26/2011 13. Date TD: 12/29/2011 14. Date Casing Set or D&A: 12/31/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9127 TVD** 9021 17 Plug Back Total Depth MD 9105 TVD** 8999

18. Elevations GR 6600 KB 6629

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:

CNL-FDL, DIL, GR, CBL

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 | 26+0/0 | 20+0/0 | 42 | 0 | 80 | 150 | 0 | 80 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,534 | 415 | 0 | 1,534 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 13.5 | 0 | 9,122 | 1,650 | 0 | 9,122 | VISU |

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 | |
| WASATCH | 0 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 5,280 | | <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: Chris BeilbyTitle: Completion Manager Date: _____ Email: chris.beilby@questar.com**Attachment Check List**

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400276657 | Directional Survey ** | Yes | <input checked="" type="checkbox"/> | No | <input 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)