

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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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 05-081-07630-00 6. County: MOFFAT
7. Well Name: GOVERNMENT Well Number: 17
8. Location: QtrQtr: SESW Section: 5 Township: 11N Range: 97W Meridian: 6
9. Field Name: POWDER WASH Field Code: 69800

Completed Interval

FORMATION: FORT UNION-LANCE Status: COMMINGLED Treatment Type:
Treatment Date: 07/27/2011 End Date: 07/30/2011 Date of First Production this formation:
Perforations Top: 6792 Bottom: 9720 No. Holes: 174 Hole size: 1/3
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] 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: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: 02/09/2012 Hours: 6 Bbl oil: 2 Mcf Gas: 55 Bbl H2O: 28
Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 222 Bbl H2O: 112 GOR: 2
Test Method: Vented Casing PSI: 185 Tubing PSI: 138 Choke Size: 36/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7185 Tbg setting date: 02/15/2012 Packer Depth:

Reason for Non-Production: Well would not flow

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

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: FORT UNION Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6792 Bottom: 9560 No. Holes: 134 Hole size: 1/3

Provide a brief summary of the formation treatment: _____ Open Hole:

309,983 GAL DELTA 140 W/ N2 20,000# OF 100 MESH 317,676# OF 20/40 OTTAWA

This formation is commingled with another formation: Yes 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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: LANCE Status: SHUT IN Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 9622 Bottom: 9720 No. Holes: 40 Hole size: 1/3

Provide a brief summary of the formation treatment:

Open Hole:

72,979 GAL DELTA 140 W/ N2 10,000# OF 100 MESH 120,000# OF 20/40 OTTAWA

This formation is commingled with another formation: Yes 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: _____

Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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 Beilby

Title: Completion Manager Date: 7/2/2012 Email: chris.beilby@questar.com

Attachment Check List

Att Doc Num	Name
400209217	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Off hold. Lance formation is legal. Input corrections to test data.	7/13/2012 9:26:47 AM
Permit	On Hold. Requested sundry for lance and clarification on all test data.	7/12/2012 7:14:47 AM

Total: 2 comment(s)