

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
2. Name of Operator: WEXPRO COMPANY
3. Address: P O BOX 45003 City: SALT LAKE CITY State: UT Zip: 84145-
4. Contact Name: Jim Horner Phone: (307) 352-7523 Fax: (307) 352-7575

5. API Number 05-081-07627-00
6. County: MOFFAT
7. Well Name: GOVERNMENT Well Number: 16
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: 6210 Bottom: 9742 No. Holes: 192 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: 09/08/2011 Hours: 7 Bbl oil: 0 Mcf Gas: 37 Bbl H2O: 33
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 127 Bbl H2O: 113 GOR: 0
Test Method: Vented Casing PSI: 650 Tubing PSI: 146 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9348 Tbg setting date: 12/29/2011 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: 6260 Bottom: 9638 No. Holes: 172 Hole size: 1/3

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

345,764 GAL DELTA 200 DELTA 140 W/ N2 40,000# OF 100 MESH 427,500# 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: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 9722 Bottom: 9742 No. Holes: 20 Hole size: 1/3

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

58,834 GAL DELTA 140 & DELTA 200 W/ N2 10,000# OF 100 MESH 90,000# OF 20/40 OTTAWA

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: 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

Table with 2 columns: Att Doc Num, Name. Row 1: 400209201, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Rows for Permit comments regarding BTU info and API gravity clarification.

Total: 2 comment(s)