

FORM  
5Rev  
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:

400276550

Date Received:

06/04/2012

## 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 05-081-07619-00

6. County: MOFFAT

7. Well Name: B.W. MUSSER

Well Number: 39

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

Footage at surface: Distance: 360 feet Direction: FNL Distance: 618 feet Direction: FEL

As Drilled Latitude: 40.948564 As Drilled Longitude: -108.289272

## GPS Data:

Date 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.: 1309 feet. Direction: FNL Dist.: 1317 feet. Direction: FEL

Sec: 4 Twp: 11N Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1350 feet. Direction: FNL Dist.: 1332 feet. Direction: FEL

Sec: 4 Twp: 11N Rng: 97W

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COD038749B

12. Spud Date: (when the 1st bit hit the dirt) 10/25/2011 13. Date TD: 11/26/2011 14. Date Casing Set or D&amp;A: 11/29/2011

## 15. Well Classification:

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

16. Total Depth MD 9135 TVD\*\* 8982 17 Plug Back Total Depth MD 9122 TVD\*\* 8969

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	1,533	510	0	1,533	VISU
1ST	7+7/8	4+1/2	13.5	0	9,131	2,075	2,930	9,131	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	5,327		<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	9,056		<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 Beilby

Title: Completion Manager Date: 6/4/2012 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"/>
2288827	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"/>
<u>Other Attachments</u>					
400276550	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400306202	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Off Hold. Attached directional template and survey. Input Lance formation top per operators email.	7/17/2012 12:10:21 PM
Permit	On Hold Requested directional template.	7/12/2012 7:31:40 AM

Total: 2 comment(s)