

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



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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&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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
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)