

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400464736

Date Received:

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 05-081-07409-00 6. County: MOFFAT
7. Well Name: CARL ALLEN Well Number: 27
8. Location: QtrQtr: NENW Section: 33 Township: 12N Range: 97W Meridian: 6
9. Field Name: POWDER WASH Field Code: 69800

Completed Interval

FORMATION: FORT UNION Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/04/2013 End Date: 06/04/2013 Date of First Production this formation: 06/06/2013
Perforations Top: 5970 Bottom: 6248 No. Holes: 92 Hole size: 1/3

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

96,736 GAL DELTA 140 W/ N2 157,180# OF 20/40 OTTAWA

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 96736 Max pressure during treatment (psi): 4568
Total gas used in treatment (mcf): 1843000 Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.84
Total acid used in treatment (bbl): Number of staged intervals: 3
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 596
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 157180 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: 06/06/2013 Hours: 6 Bbl oil: 0 Mcf Gas: 267 Bbl H2O: 15
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1068 Bbl H2O: 60 GOR:
Test Method: Flowing Casing PSI: 275 Tubing PSI: Choke Size: 28/64
Gas Disposition: FLARED Gas Type: DRY Btu Gas: 1 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5866 Tbg setting date: 06/13/2013 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: _____ Email: chris.beilby@questar.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400464861	WELLBORE DIAGRAM
400464867	WIRELINE JOB SUMMARY
400464868	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)