

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:

1432223

Date Received:

06/21/2006

## 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: W. R. JOHNSON

2. Name of Operator: WEXPRO COMPANY

Phone: (307) 352-7567

3. Address: P. O. BOX 458

Fax: (307) 352-7575

City: ROCK SPRINGS State: WY Zip: 82902

5. API Number 05-081-07224-00

6. County: MOFFAT

7. Well Name: STATE LAND

Well Number: NO.7

8. Location: QtrQtr: SENW Section: 21 Township: 12N Range: 100W Meridian: 6

Footage at surface: Distance: 769 feet Direction: FSL Distance: 1910 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: HIAWATHA

10. Field Number: 34350

11. Federal, Indian or State Lease Number: ST 3420

12. Spud Date: (when the 1st bit hit the dirt) 11/14/2005 13. Date TD: 01/27/2006 14. Date Casing Set or D&amp;A: 06/01/2006

## 15. Well Classification:

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

16. Total Depth MD 6170 TVD\*\* 17 Plug Back Total Depth MD 6101 TVD\*\*

18. Elevations GR 6999 KB 7024

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/FDC, DIL, MICRO AND CBL-GR

## 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
SURF	12+1/4	9+5/8	36	0	503	250	0	503	CALC
1ST	7+7/8	4+1/2	11.6	0	6,161	993	0	6,161	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	2,318		<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	4,786		<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	5,086		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,668		<input type="checkbox"/>	<input type="checkbox"/>	

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Att Doc Num	Document Name	attached ?
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	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>User Group</u>	<u>Comment</u>	<u>Comment Date</u>