

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



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Document Number:

2062582

Date Received:

07/14/2008

## 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: (801) 324-2834

3. Address: P O BOX 45601 ATTN: MR J

Fax: (801) 324-2637

City: SALT LAKE CITY State: UT Zip: 84145-

5. API Number 05-081-07406-00

6. County: MOFFAT

7. Well Name: B W MUSSER

Well Number: 27

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

Footage at surface: Distance: 1743 feet Direction: FNL Distance: 2238 feet Direction: FEL

As Drilled Latitude: 40.944760 As Drilled Longitude: -108.295130

## GPS Data:

Date of Measurement: 01/25/2007 PDOP Reading: 1.9 GPS Instrument Operator's Name: CHRISTOPHER

\*\* 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: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COC038749

12. Spud Date: (when the 1st bit hit the dirt) 03/13/2008 13. Date TD: 04/24/2008 14. Date Casing Set or D&amp;A: 04/26/2008

## 15. Well Classification:

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

16. Total Depth MD 8920 TVD\*\* 17 Plug Back Total Depth MD 8896 TVD\*\*

18. Elevations GR 6647 KB 6661

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:

DIL, CDL, CN, 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
SURF	12+1/4	9+5/8		0	480	250	0	480	CBL
1ST	7+7/8	4+1/2		0	8,921	993	0	8,921	

## 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	5,175	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,175	8,917	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y \_\_\_\_\_ Print Name: CHRIS BEILBY \_\_\_\_\_

Title: COMPLETION MANAGER Date: 7/9/2008 Email: \_\_\_\_\_

### 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"/>
	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"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)