

FORM 5A

Rev 06/12

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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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
 2. Name of Operator: WEXPRO COMPANY
 3. Address: P O BOX 45003
 City: SALT LAKE CITY State: UT Zip: 84145-
 4. Contact Name: Jerry Clark
 Phone: (801) 324-2685
 Fax: (801) 324-2997
 Email: jerry.clark@questar.com

5. API Number 05-081-07424-00
 6. County: MOFFAT
 7. Well Name: J C DONNELL
 Well Number: 16
 8. Location: QtrQtr: SWNW Section: 29 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: 06/03/2008 End Date: 06/10/2008 Date of First Production this formation: 08/05/2008

Perforations Top: 6050 Bottom: 8854 No. Holes: 752 Hole size: 0.34

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

264,274 gals 70Q N2 form w/ 442,280# of 20/40 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 264274 Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 442280 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/04/2008 Hours: 65 Bbl oil: 0 Mcf Gas: 2692 Bbl H2O: 85

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 845 Bbl H2O: 12 GOR:

Test Method: Flowing Casing PSI: 450 Tubing PSI: 275 Choke Size:

Gas Disposition: VENTED Gas Type: DRY Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5939 Tbg setting date: 08/01/2008 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:

Originally submitted Form 5a is attached for reference.

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

Signed: _____ Print Name: Jeff Bluemel

Title: Sr. Engineering Tech Date: _____ Email jeffery.bluemel@questar.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400868420	WELLBORE DIAGRAM
400868421	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)