

OP OGCC

20.

21.

Date:

8-15-08

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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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.

Complete the
Attachment
Checklist

OP OGCC

wellbore diagram

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1. OGCC Operator Number: 95960 4. Contact Name Jim Horner
2. Name of Operator: Wexpro Company
3. Address: P.O. Box 458 Phone: 307-352-7523
City: Rock Springs State: WY Zip: 82902 Fax: 307-352-7575
5. API Number 05-081-07424-00 6. County: Moffat
7. Well Name: J.C. DONNELL Well Number: #16
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW NW SEC. 29 T12N R97W

FORMATION: Fort Union

Status

ProducingTreatment Date: 6/3-10/08Date of First Production this formation: 8/5/2008Perforations Top: 6,050' Bottom: 8,854' No. Holes 752 Hole size: 0.34"

Provide a brief summary of the formation treatment:

Open Hole ☐264,274 GALS 70Q N2 FOAM W/ 442,280# OF 20/40 SAND

This formation is commingled with another formation

no

Test Information:

Date: 8/1-4/08 Hours: 65 Bbls oil: 0 Mcf Gas: 2692 Bbls H₂O: 85Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 845 Bbls H₂O: 12 GOR: N/ATest Method: Flowing Casing PSI: 450 Tubing PSI: 275 Choke size: 28/64Gas Disposition: vented Gas Type: Dry BTU Gas: API Gravity Oil: Tubing Size: 2-3/8" Tubing Setting Depth: 5,939.34' Tbg setting date: 08/01/08 Packer Depth: N/AReason for Non-Production: Date formation Abandoned: Squeezed ☐ Yes ☐ No If yes number of sacks cmt Bridge Plug Depth: Sacks cement on top: FORMATION:

Status

Treatment Date: Date of First Production this formation: Perforations Top: Bottom: No. Holes Hole size:

Provide a brief summary of the formation treatment:

Open Hole ☐

This formation is commingled with another formation

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Test Information:

Date: Hours: Mcf Gas: Bbls H₂O: Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H₂O: GOR: Test Method: Casing PSI: Tubing PSI: Choke size: Gas Disposition: Gas Type: BTU Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: Reason for Non-Production: Date formation Abandoned: Squeezed ☐ Yes ☐ No If yes number of sacks cmt Bridge Plug Depth: Sacks cement on top:

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

Print Name: Chris Beilby Email: chris.beilby@questar.comSignature: Chris Beilby Title: Completion Manager Date: 8-15-08