

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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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.

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 458	Fax: 307-352-7575
City: Rock Springs State: WY Zip: 82902	

Complete the Attachment Checklist

OP OGCC

5. API Number: 05- 081-07424-00	6. County: Moffat	Logs		
7. Well Name: J.C. DONNELL	Well Number: #16	Directional Survey**		
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW NW SEC. 29 T12N R97W		DST Analysis		
Footage at surface: 2324' <input type="checkbox"/> FNL <input type="checkbox"/> FSL 1321' <input type="checkbox"/> FNL <input type="checkbox"/> FSL	As Drilled Latitude: 40.972161	As Drilled Longitude: 108.320714	Core Analysis	
Date of Measurement: 5/1/2007 PDOP Reading: ≤ 2.5 GPS Instrument Operator's Name: N. Hellis		Cmt summary*		
** If directional, footage at Top of Prod. Zone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sec, Twp, Rng				
** If directional, footage at Bottom Hole <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sec, Twp, Rng				
9. Field Name: Powder Wash	10. Field Number: 69800	15. Well Classification		
11. Federal, Indian or State Lease Number: COD 039907B		Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/>		
12. Spud Date: (when the 1st bit hit the dirt) 4/22/2008	13. Date TD: 5/13/2008	14. Date Casing Set or D&A: 5/14/2008	<input type="checkbox"/> Coalbed <input type="checkbox"/> Disposal	
16. Total Depth MD 8,967.00' TVD** 8,967.00'	17. Plug Back Total Depth MD 8,904' TVD** 8,904'		<input type="checkbox"/> Stratigraphic	
18. Elevations GR 6,525.00' KB 6,538.50'	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.		<input type="checkbox"/> Enhanced Recovery	
19. List Electric Logs Run: DIL, CDL, CN, CBL			<input type="checkbox"/> Gas Storage	
			<input type="checkbox"/> Observation	
			<input type="checkbox"/> Other: _____	

20. CASING, LINER and CEMENT
*If Cement Bond Log was not run, submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Top	Csg/Tool Setting Depth	Number of sacks cmt	Cement Top	Cement Bottom	CBL*	Observed	Calculated
Surface	12-1/4"	9-5/8"	Surface	470.28'	250	Surface	470.28'			<input checked="" type="checkbox"/>
Production	7-7/8 & 6-1/8"	4-1/2"	Surface	8,966.88'	1,110	Surface	8,966.88'	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Stage, Squeeze, Remedial Cement Job										
Stage, Squeeze, Remedial Cement Job										
Stage, Squeeze, Remedial Cement Job										
Liner										
Liner										

21. FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		DST	Cored	COMMENTS
	Top	Bottom					
0	Surface	5200'					
0	5200'	8,967.00'					

All DST and Core Analyses must be submitted to COGCC

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** E-mail: **chris.beilby@questar.com**

Signature: *Chris Beilby* Title: **Completion Manager** Date: **8-15-08**

FORM 5A Rev 12/05

State of Colorado Oil and Gas Conservation Commission

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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.

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 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

Complete the Attachment Checklist

OP OGCC

wellbore diagram			<input checked="" type="checkbox"/>
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FORMATION: Fort Union Status Producing
 Treatment Date: 6/3-10/08 Date of First Production this formation: 8/5/2008
 Perforations Top: 6,050' Bottom: 8,854' No. Holes 752 Hole size: 0.34"
 Provide a brief summary of the formation treatment: 264,274 GALS 70Q N2 FOAM W/ 442,280# OF 20/40 SAND Open Hole

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: 85
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 845 Bbls H₂O: 12 GOR: N/A
 Test Method: Flowing Casing PSI: 450 Tubing PSI: 275 Choke size: 28/64
 Gas 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/A
 Reason 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
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.com
Signature: *Chris Beilby* Title: Completion Manager Date: 8-15-08