

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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Document Number:

401538406

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@dom.com

5. API Number 05-081-05460-00
6. County: MOFFAT
7. Well Name: DONNELL-GOVERNMENT
Well Number: 3
8. Location: QtrQtr: NWNW Section: 4 Township: 11N Range: 101W Meridian: 6
9. Field Name: SUGAR LOAF Field Code: 80000

Completed Interval

FORMATION: FORT UNION Status: PRODUCING Treatment Type:
Treatment Date: 10/24/2008 End Date: Date of First Production this formation: 11/05/2008
Perforations Top: 4558 Bottom: 4660 No. Holes: 56 Hole size: 0.22

Provide a brief summary of the formation treatment:

Open Hole: ☐

213 BBLS 59Q N2 foam w/ 42754# 20/40 Mesh sand

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

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):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/04/2008 Hours: 3 Bbl oil: 0 Mcf Gas: 133 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1064 Bbl H2O: 4 GOR:
Test Method: flow back tank Casing PSI: 580 Tubing PSI: 480 Choke Size: 24
Gas Disposition: VENTED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4504 Tbg setting date: 10/31/2008 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:

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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: _____ Print Name: Jeffery Bluemel

Title: Engineering Tech Date: _____ Email jeffery.bluemel@dom.com
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Attachment Check List

Att Doc Num Name

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Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)