

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

01309981

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.
COD040867A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
892000310A8. Well Name and No.
HW STEWART 59. API Well No.
05-081-07383-00-S110. Field and Pool or Exploratory Area
POWDER WASH11. County or Parish, State
MOFFAT COUNTY, CO1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator
WEXPRO COMPANY
Contact: STEPHANIE M SHUTTLESWORTH
E-Mail: s.shuttlesworth@dominionenergy.com3a. Address
2221 WESTGATE DRIVE
ROCK SPRINGS, WY 829023b. Phone No. (include area code)
Ph: 307-352-7557
Fx: 307-352-75754. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 32 T12N R97W NWNE 236FNL 1625FEL
40.963386 N Lat, 108.312114 W Lon**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Site Facility Diagram/Security Plan
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

In accordance with 43 CFR 3173.11, Site Security Regulations, submitted herewith is a site facilities diagram for the above captioned facility. This site facility diagram is part of the Powder Wash Unit Plan. The Site Security Plan may be reviewed at the Wexpro Company, Powder Wash Field Office, Monday through Friday, 8:00 a.m. to 4:00 p.m. Burner upgrades have been completed, this changes the BTU values on page# 3.

RECEIVED
JUN 29 2020
COGCC

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #517868 verified by the BLM Well Information System
For WEXPRO COMPANY, sent to the Craig
Committed to AFMSS for processing by RENETA KAWCAK on 06/04/2020 (20RK0301SE)

Name (Printed/Typed) STEPHANIE M SHUTTLESWORTH

Title PROCESS ASSISTANT IV

Signature (Electronic Submission)

Date 06/04/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USEApproved By **ACCEPTED**RENETA KAWCAK
Title LAND LAW EXAMINER

Date 06/08/2020

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Craig

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

87908

Page 1 of 3

Facility Owner/Operator Name: Wexpro Company

HW Stewart Well No. 5

Land Description : SE NE Sec. 32-12N-97W Lease # COD0040867A Unit# COC47671X

Moffat County, CO

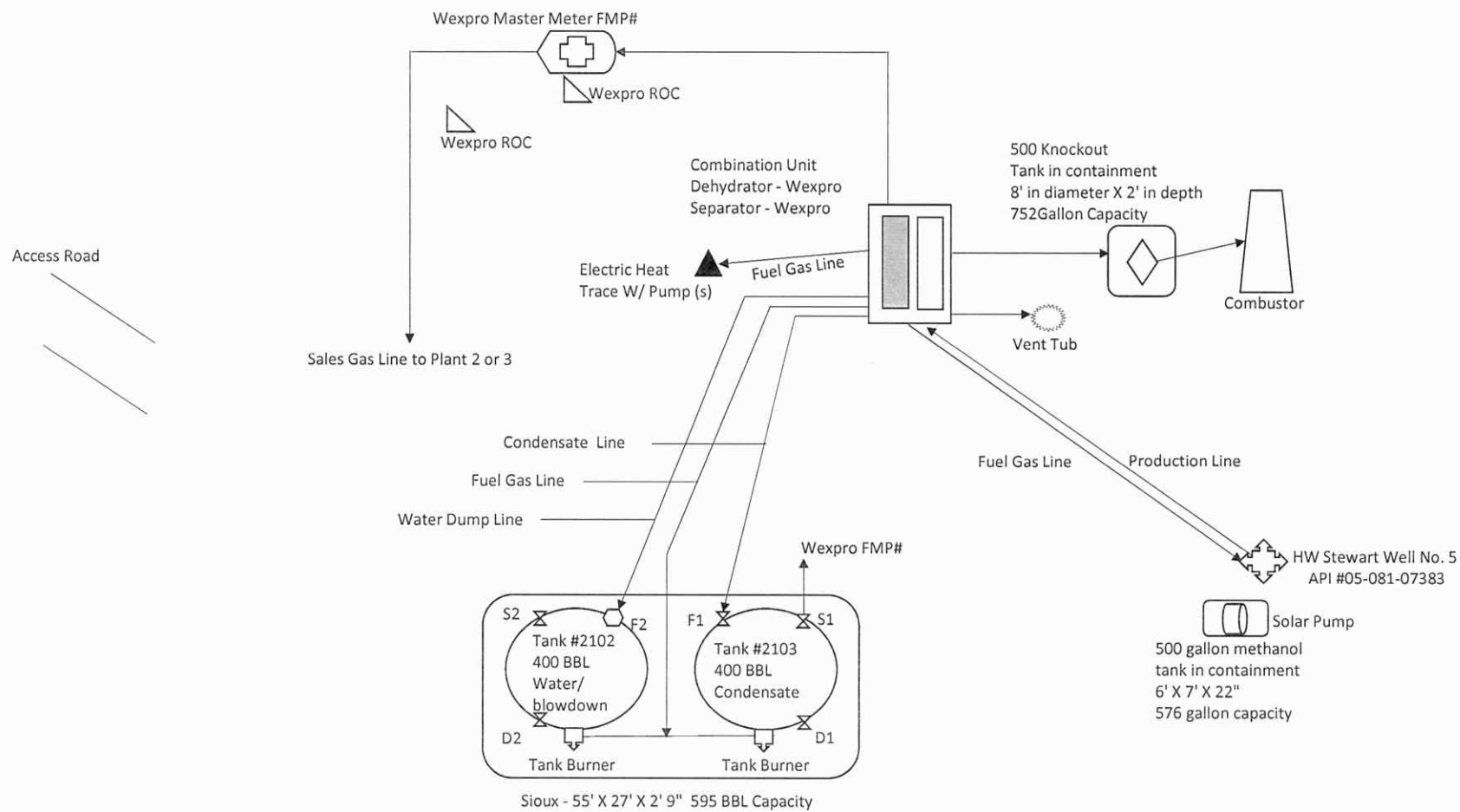
I-C



Direction of flow



North



See attachment (Page 2)

For valve positioning

Production, sales, and draining phases

Last Revised: 3/31/2020

Facility Owner/Operator Name: Wexpro Company

HW Stewart Well No. 5

Land Description : SE NE Sec. 32-12N-97W Lease # COD0040867A Unit# COC47671X

Moffat County, CO

Diagram #

S1 & S2 are a sales valve

D1 & D2 are a drain valve

F1 & F2 are a fill valve

Valve Positioning in the Production Phase

Production into T#2103

S1 and D1 are sealed closed

F1 is sealed open

Production into T#2102

S2 and D2 are sealed closed

Valve Positioning in the Sales Phase

Production into T#2103

F1 and D1 are sealed closed

S1 is sealed open

Production into T#2102

D2 is sealed closed

S2 is sealed open

Valve Positioning in the Drain Phase

Production into T#2103

F1 and S1 are sealed closed

D1 is sealed open

Production into T#2102

S2 is sealed closed

D2 is sealed open

Facility Owner/Operator Name: Wexpro Company

HW Stewart Well No. 5

Land Description : SE NE Sec. 32-12N-97W Lease # COD0040867A Unit# COC47671X

Moffat County, CO

Gas Analysis BTU: 1207.81 BTU/ft³ Well/Pad Total: 8.48 MCF/DAY
 Gas Analysis Date: 10/29/2018

Dehy Reboiler
 Manufacturer: NATCO
 Serial Number: 2G359A22-01
 Rating: 250000 BTU/HR
 Hours/Day: 24 HRS
 Months/Year: 12 MO

250000 BTU/HR ÷ 1207.81 BTU/ft³ X 24 HRS/DAY X 30.4375 DAY/MO X 12 MO/YR ÷ 1000 MCF/SCF = 1814.4 MCF/YR
 4.97 MCF/DAY

Glycol Pump
 Manufacturer: Kimray
 Model Number: 2015 SC
 Strokes/Min.: 16
 Operating Pressure: 160
 Hours/Day: 24
 Months/Year: 12

16 STKS/MIN X 0.0068 GAL/STK X 1440 MIN/DAY X 2.046 CU FT/GAL X 365.25 DAYS/YR ÷ 1000 MCF/SCF = 117.1 MCF/YR
 0.321 MCF/DAY

Line Heater in Dehy Unit
 Manufacturer: NATCO
 Serial Number: 2G359A22-01
 Rating: 125000 BTU/HR
 Hours/Day: 12 HRS
 Months/Year: 6 MO

125000 BTU/HR ÷ 1207.81 BTU/ft³ X 12 HRS/DAY X 30.4375 DAY/MO X 6 MO/YR ÷ 1000 MCF/SCF = 226.8 MCF/YR
 0.62 MCF/DAY

Condensate Tank Burner
 Tank Number: 2103
 Serial Number: N/A
 Rating: 250000 BTU/HR
 Hours/Day: 12 HRS
 Months/Year: 6 MO

250000 BTU/HR ÷ 1207.81 BTU/ft³ X 12 HRS/DAY X 30.4375 DAY/MO X 6 MO/YR ÷ 1000 MCF/SCF = 453.6 MCF/YR
 1.24 MCF/DAY

Water Tank Burner
 Tank Number: 2102
 Serial Number: N/A
 Rating: 250000 BTU/HR
 Hours/Day: 12 HRS
 Months/Year: 6 MO

250000 BTU/HR ÷ 1207.81 BTU/ft³ X 12 HRS/DAY X 30.4375 DAY/MO X 6 MO/YR ÷ 1000 MCF/SCF = 453.6 MCF/YR
 1.24 MCF/DAY

Thermo Electric Generator, Heat Trace

Manufacturer:
Model Number:
Fuel Usage:
Months/Year:

Global
5060
155
6

SCF/DAY
MO

155

SCF/DAY

X

30.4375

DAY/MO

X

6

MO/YR

÷

1000

MCF/SCF

=

28.3
0.08

MCF/YR
MCF/DAY

0.00

MCF/DAY