

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)



RECEIVED

0-3-2010

COGCC/Rifle Office

1. OGCC Operator Number: 95960	4. Contact Name Jim Horner	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Wexpro Company	Phone: 307-922-5610	
3. Address: P.O. Box 458 City: Rock Springs State: WY Zip: 82902	Fax: 307-352-7575	
5. API Number 05-081-06159	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: BW Musser	7. Well/Facility Number #16	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NE NE Sec. 5 T11N R97W		Surface Eqmpt Diagram
9. County: Moffat Co.	10. Field Name: Powder Wash	Technical Info Page
11. Federal, Indian or State Lease Number: D-038749-A		Other

General Notice

☐ **CHANGE OF LOCATION:** Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

	FNL/FSL	FEL/FWL
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____

Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No ☐

Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

attach directional survey

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	Signed surface use agreement attached

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME From: _____ To: _____ Effective Date: _____
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<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for inspection: _____	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____
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<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
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<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____	

<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____	<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.
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Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent Approximate Start Date: 18.APR.10	<input type="checkbox"/> Report of Work Done Date Work Completed: _____
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Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input checked="" type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	for Spills and Releases

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

Signed: Chris Beilby Date: 3/31/10 Email: chris.beilby@questar.com
Print Name: C.A. Beilby Title: Completion Manager

COGCC Approved: [Signature] Title: EIT II Date: 6/7/2010
CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE

1. OGCC Operator Number: 95960		API Number: 05- 081-06159	
2. Name of Operator: WEXPRO COMPANY		OGCC Facility ID #	
3. Well/Facility Name: BW Musser		Well/Facility Number: #16	
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):		NE NE Sec. 5 T11N R97W	

STATE OF
NORTH
DAKOTA

FOR OGCC USE ONLY

RECEIVED

JUN 08 2010

OGCC Office

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Wexpro Company plans to abandon the Ft. Union and recomple into the Wasatch according to the following procedure: MIRU workover rig and associated equipment. Dig a flare pit and fence the same. Blow the well down and fill the hole with 30 bbls of KCL substitute. ND the wellhead and install a 7-1/16", 5M double gate BOPE with 2-3/8" pipe rams in the top gate. Function test same. Unseat the tubing hanger and pull & stand back tubing. RT a 4-3/4" bit & scraper to 6,125'. Set a CICR @ 6,100' and squeeze the Fort Union perfs 6,136-7,013' w/ 50 sks of cement, leaving two sks on top of CICR. Pressure test the casing. Sequentially perforate and test the following Wasatch intervals until commercial production is established:
Interval one: 5045-5075'
Interval two: 4206-4226'
Interval three: 3,332-3,345 & 3,379-3,389'
If the test interval is uncommercial it will be abandoned by setting a CIBP topped w/ 2 sks of cement - 50' above the top perf before perforating the next interval.
Once commercial production is established the production tubing will be re-run.
ND BOP, NU wellhead. RDMO workover rig and associated equipment. Reclaim the flare pit.
Turn over to production personnel.