

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2511168

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 4. Contact Name: JIM HORNER
2. Name of Operator: WEXPRO COMPANY Phone: (307) 9225610
3. Address: P O BOX 45003 Fax: (307) 3527575
City: SALT LAKE CITY State: UT Zip: 84145-06

5. API Number 05-081-07583-00 6. County: MOFFAT
7. Well Name: CARL ALLEN Well Number: 35
8. Location: QtrQtr: NWNE Section: 5 Township: 11N Range: 97W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>FORT UNION</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/21/2010</u>	Date of First Production this formation: <u>07/09/2010</u>
Perforations Top: <u>6610</u> Bottom: <u>8305</u>	No. Holes: <u>204</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>163,549 GALS 70Q N2 FOAM W/ 269,600# IF 20/40 SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/04/2010</u> Hours: <u>5</u> Bbls oil: <u>0</u> Mcf Gas: <u>470</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1821</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>550</u> Tubing PSI: <u>750</u> Choke Size: <u>28/64</u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1150</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6512</u> Tbg setting date: <u>06/04/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

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

Signed: _____ Print Name: CHRIS BEILBY
Title: COMPLETION MANAGER Date: 7/28/2010 Email CHRIS.BEILBY@QUESTAR.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David G. Neslin
Director of COGCC

Date: 11/9/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2511168	FORM 5A SUBMITTED	LF@2544321 2511168
2511169	WELLBORE DIAGRAM	LF@2544322 2511169

Total Attach: 2 Files