

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:

2511156

**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 05-081-07585-00 6. County: MOFFAT  
7. Well Name: BW MUSSER Well Number: 32  
8. Location: QtrQtr: NWNE Section: 5 Township: 11N Range: 97W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: FORT UNION Status: PRODUCING  
Treatment Date: 05/18/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6090 Bottom: 8872 No. Holes: 354 Hole size: 34/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
226,799 GALS DELTA 200 & 70Q N2 FOAM W/ 356,961# OF20/40 SAND.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/23/2010 Hours: 16 Bbls oil: 0 Mcf Gas: 1028 Bbls H2O: 28  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2191 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 780 Tubing PSI: 500 Choke Size: 32/64  
Gas Disposition: VENTED Gas Type: DRY BTU Gas: 1150 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5955 Tbg setting date: 06/02/2010 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: \_\_\_\_\_

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  
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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: 11/17/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2511156	FORM 5A SUBMITTED	LF@2544332 2511156
2511157	WELLBORE DIAGAM	LF@2544333 2511157

Total Attach: 2 Files