

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.
COD038749B

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.
COC47671X

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
BW MUSSER 33

2. Name of Operator
WEXPRO COMPANY
Contact: DEE FINDLAY
E-Mail: dee.findlay@questar.com

9. API Well No.
05-081-07581

3a. Address
PO BOX 458
ROCK SPRINGS, WY 82902
3b. Phone No. (include area code)
Ph: 307-352-7554
Fx: 307-352-7575

10. Field and Pool, or Exploratory
POWDER WASH

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 6 T11N R97W NESE 1896FSL 168FEL
40.94021 N Lat, 108.32580 W Lon

11. County or Parish, and State
MOFFAT COUNTY, CO

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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	Change to Original APD
	<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 recomplete 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

This well was originally permitted as a straight hole on a single well pad. To minimize surface disturbance Wexpro Company intends to drill the above well as a directionally drilled well with the addition of five more wells on the pad. The APDs for these wells will be submitted under separate cover.

The condensate and water produced from BW Musser #33, BW Musser #67, BW Musser #68, BW Musser #69, BW Musser #70 and BW Musser #71 will be surface commingled. The six wells share common working interest ownership. Liquid production and sales will be allocated among the wells based on Attachment 1. The wells will be tested within 60 days of the initial production to determine actual liquid production. A composite gas sample will also be obtained at the time and analyzed for each well producing on the pad. The six wells will be tested on a semi-annual basis after the initial tests. Attachment 2 shows a simple flow diagram.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #98702 verified by the BLM Well Information System For WEXPRO COMPANY, sent to the Craig

Name (Printed/Typed) G T NIMMO

Title OPERATIONS MANAGER

Signature (Electronic Submission)

Date 12/07/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 _____

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #98702 that would not fit on the form

32. Additional remarks, continued

Revised copies of the "Typical Rig Layout", "Construction Layout" and "Construction Cut Sheet" are attached. All conditions of the previously approved Master Surface Use Plan, dated 01/01/10, will be complied with.

The following information for the directional well is attached.

Revised legal plat

Revised drilling plan & cement program

Directional drilling plan