

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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

7. If Unit or CA/Agreement, Name and/or No.  
COC47671X8. Well Name and No.  
BW MUSSER 339. API Well No.  
05-081-0758110. Field and Pool, or Exploratory  
POWDER WASH11. County or Parish, and State  
MOFFAT COUNTY, CO**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator  
WEXPRO COMPANYContact: DEE FINDLAY  
E-Mail: dee.findlay@questar.com3a. Address  
PO BOX 458  
ROCK SPRINGS, WY 829023b. Phone No. (include area code)  
Ph: 307-352-7554  
Fx: 307-352-7575

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**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 A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

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 recompleat 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 recompleat 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