

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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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.

Document Number:

400189294

1. OGCC Operator Number: 95960	4. Contact Name: Jim Horner
2. Name of Operator: WEXPRO COMPANY	Phone: (307) 3527523
3. Address: P O BOX 45003	Fax: (307) 3527575
City: SALT LAKE CITY State: UT Zip: 84145-	

5. API Number 05-081-07422-00	6. County: MOFFAT
7. Well Name: J C DONNELL	Well Number: 17
8. Location: QtrQtr: SWNE Section: 30 Township: 12N Range: 97W Meridian: 6	
9. Field Name: POWDER WASH	Field Code: 69800

Completed Interval

FORMATION: FORT UNION-WASATCHStatus: PLUGGED AND ABANDONED

Treatment Date: _____

Date of First Production this formation: _____

Perforations Top: 4754 Bottom: 9142 No. Holes: 848 Hole size: 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Production proved to be uneconomicalDate formation Abandoned: 04/14/2011 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 100Bridge Plug Depth: 5420 Sacks cement on top: 50FORMATION: WASATCHStatus: INJECTING

Treatment Date: _____

Date of First Production this formation: _____

Perforations Top: 4525 Bottom: 4600 No. Holes: 450 Hole size: 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐Fracked w/ 32,486 Gals 17# Delta 140 w/ 40,660# 16/30 sandThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4470 Tbg setting date: 07/14/2011 Packer Depth: 4470

Reason for Non-Production:

Fracked to assist injectivityDate 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: Jim HornerTitle: Petroleum Engineer

Date: _____

Email jim.horner@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400189365	CEMENT JOB SUMMARY
400189532	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)