

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

Document Number:
400189294

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

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

Completed Interval

FORMATION: FORT UNION-WASATCH Status: 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 uneconomical

Date formation Abandoned: 04/14/2011 Squeeze: Yes No If yes, number of sacks cmt 100

Bridge Plug Depth: 5420 Sacks cement on top: 50

FORMATION: WASATCH Status: 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 sand

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

Reason for Non-Production:

Fracked to assist injectivity

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: Jim Horner

Title: 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)