

FORM
5Rev
02/08State 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:

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DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 95960

4. Contact Name: William Davey

2. Name of Operator: WEXPRO COMPANY

Phone: (307) 3527553

3. Address: P O BOX 45003

Fax: (307) 3527575

City: SALT LAKE CITY State: UT Zip: 84145-

5. API Number 05-081-07628-00

6. County: MOFFAT

7. Well Name: POWDER WASH

Well Number: 15

8. Location: QtrQtr: SESW Section: 5 Township: 11N Range: 97W Meridian: 6

Footage at surface: Distance: 161 feet Direction: FSL Distance: 1444 feet Direction: FWL

As Drilled Latitude: 40.935450 As Drilled Longitude: -108.319913

GPS Data:

Data of Measurement: 04/07/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Michael L. Brown

** If directional footage

at Top of Prod. Zone Distance: 112 feet Direction: FNL Distance: 2338 feet Direction: FEL

Sec: 8 Twp: 11N Rng: 97W

at Bottom Hole Distance: 112 feet Direction: FNL Distance: 2338 feet Direction: FEL

Sec: 8 Twp: 12N Rng: 97W

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COD0040866

12. Spud Date: (when the 1st bit hit the dirt) 10/14/2010 13. Date TD: 12/10/2010 14. Date Casing Set or D&A: 12/11/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9920 TVD 9663 17 Plug Back Total Depth MD 9910 TVD 9653

18. Elevations GR 7037 KB 7065

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26+0/0	20+0/0	42	0	80	150	0	80	CALC
SURF	12+1/4	9+5/8	36	0	1,562	835	0	1,562	VISU
NEW	7+7/8	4+1/2	13.5	0	9,920	2,170	0	9,920	VISU

ADDITIONAL CEMENT

Cement work date: _____

Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: William T. Davey

Title: Drilling Manager Date: _____ Email: Bill.Davey@Questar.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)