

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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Document Number:

400207729

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.

1. OGCC Operator Number: 95960 4. Contact Name: Jim Horner
2. Name of Operator: WEXPRO COMPANY Phone: (307) 352-7523
3. Address: P O BOX 45003 Fax: (307) 352-7575
City: SALT LAKE CITY State: UT Zip: 84145-

5. API Number 05-081-07611-00 6. County: MOFFAT
7. Well Name: BW MUSSER Well Number: 42
8. Location: QtrQtr: SESW Section: 5 Township: 11N Range: 97W Meridian: 6
9. Field Name: POWDER WASH Field Code: 69800

Completed Interval

FORMATION: <u>FORT UNION-LANCE</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/17/2011</u>		Date of First Production this formation: <u>09/01/2011</u>	
Perforations	Top: <u>6820</u> Bottom: <u>9760</u>	No. Holes: <u>246</u>	Hole size: <u>1/3</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div></div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>09/15/2011</u>	Hours: <u>3</u>	Bbls oil: <u>14</u>	Mcf Gas: <u>48</u> Bbls H2O: <u>3</u>
Calculated 24 hour rate:		Bbls oil: <u>108</u>	Mcf Gas: <u>383</u> Bbls H2O: <u>26</u> GOR: <u></u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1196</u>	Tubing PSI: <u>1244</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1248</u>	API Gravity Oil: <u>46</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6702</u>	Tbg setting date: <u>09/01/2011</u>	Packer Depth: <u></u>
Reason for Non-Production:			
<div></div>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: FORT UNION Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6820 Bottom: 9580 No. Holes: 198 Hole size: 1/3

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

116198 GAL DELTA 200, 126,000# OF VERSAPROP, 30,000# OF 100 MESH
141,929 GAL DELTA 140 W/ N2, 202,500# OF 20/40 OTTAWA

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: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: LANCE Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 9664 Bottom: 9760 No. Holes: 48 Hole size: 1/3

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

71,938 GAL DELTA 140 W/ N2, 10,000# OF 100 MESH, 98,624# OF VERSAPROP

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: _____

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: Chris Beilby

Title: Completion Manager Date: _____ Email: chris.beilby@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

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)