

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



DE	ET	OE	ES
----	----	----	----

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: FORT UNION-LANCE Status: COMMINGLED

Treatment Date: 08/17/2011 Date of First Production this formation: 09/01/2011
 Perforations Top: 6820 Bottom: 9760 No. Holes: 246 Hole size: 1/3

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/15/2011 Hours: 3 Bbls oil: 14 Mcf Gas: 48 Bbls H2O: 3
 Calculated 24 hour rate: Bbls oil: 108 Mcf Gas: 383 Bbls H2O: 26 GOR: _____
 Test Method: Flowing Casing PSI: 1196 Tubing PSI: 1244 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1248 API Gravity Oil: 46
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6702 Tbg setting date: 09/01/2011 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: 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

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

Total: 0 comment(s)