

**FORM  
5**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:

400249918

**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: Bill 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 05-081-07617-00

6. County: MOFFAT

7. Well Name: CARL ALLEN

Well Number: 37

8. Location: QtrQtr: NENE Section: 4 Township: 11N Range: 97W Meridian: 6

Footage at surface: Distance: 325 feet Direction: FNL Distance: 586 feet Direction: FEL

As Drilled Latitude: 40.948655 As Drilled Longitude: -108.289157

## GPS Data:

Data of Measurement: 01/05/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Larry Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FSL Dist.: 660 feet. Direction: FEL

Sec: 33 Twp: 12N Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 660 feet. Direction: FEL

Sec: 33 Twp: 12N Rng: 97W

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COD081267

12. Spud Date: (when the 1st bit hit the dirt) 10/26/2011 13. Date TD: 12/29/2011 14. Date Casing Set or D&amp;A: 12/31/2011

## 15. Well Classification:

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

16. Total Depth MD 9127 TVD\*\* 9022 17 Plug Back Total Depth MD 9112 TVD\*\* 9007

18. Elevations GR 6599 KB 6602

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:

Logs will be submitted with Final Form 5

## 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	20+0/0	16+0/0	42	0	80	10	0	80	
SURF	12+1/4	9+5/8	36	0	1,534	440	0	1,534	
1ST	7+7/8	4+1/2	13.5	0	9,127	1,650	0	9,127	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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:

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

Signed: \_\_\_\_\_ Print Name: W.T. Davey, JR

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

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400249922	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)