

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



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Document Number:

400249937

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 05-081-07645-00 6. County: MOFFAT
 7. Well Name: CARL ALLEN Well Number: 40
 8. Location: QtrQtr: SWSW Section: 28 Township: 12N Range: 97W Meridian: 6
 Footage at surface: Distance: 1070 feet Direction: FSL Distance: 711 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 1302 feet. Direction: FSL Dist.: 1547 feet. Direction: FWL
 Sec: 28 Twp: 12N Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 1302 feet. Direction: FSL Dist.: 1547 feet. Direction: FWL
 Sec: 28 Twp: 12N Rng: 97W

9. Field Name: POWDER WASH 10. Field Number: 69800
 11. Federal, Indian or State Lease Number: COC081267

12. Spud Date: (when the 1st bit hit the dirt) 10/26/2011 13. Date TD: 01/13/2012 14. Date Casing Set or D&A: 01/14/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9508 TVD** 9420 17 Plug Back Total Depth MD 9493 TVD** 9405

18. Elevations GR 6658 KB 6677
 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	1,533	415	0	1,533	
1ST	7+7/8	4+1/2	13.5	0	9,508	1,750	0	9,508	

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 ?	
Attachment Checklist			
400249942	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

User Group	Comment	Comment Date

Total: 0 comment(s)