

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:
400235958

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 05-081-07616-00 6. County: MOFFAT
7. Well Name: JACKS DRAW Well Number: 19
8. Location: QtrQtr: NWSE Section: 10 Township: 11N Range: 97W Meridian: 6
Footage at surface: Distance: 1370 feet Direction: FSL Distance: 2287 feet Direction: FEL
As Drilled Latitude: 40.924359 As Drilled Longitude: -108.276233

GPS Data:

Data of Measurement: 11/25/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: L. Brown

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: POWDER WASH 10. Field Number: 69800

11. Federal, Indian or State Lease Number: COD0052897

12. Spud Date: (when the 1st bit hit the dirt) 08/22/2011 13. Date TD: 10/07/2011 14. Date Casing Set or D&A: 10/08/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9373 TVD** 9373 17 Plug Back Total Depth MD 9373 TVD** 9373

18. Elevations GR 6741 KB 6769

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 to 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	CALC
SURF	12+1/4	9+5/8	36	0	535	290	0	535	CALC
1ST	7+7/8	4+1/2	13.5	0	9,369	558	2,830	9,369	CBL

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: 12/28/2011 Email: Bill.Davey@Questar.com

Attachment Check List

Att Doc Num	Document Name		attached ?
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	No formation tops Ground reference is ~200 feet off Directional survey was not submitted	1/25/2012 4:11:09 PM

Total: 1 comment(s)