

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400209164

Date Received:

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 05-081-07628-00

6. County: MOFFAT

7. Well Name: GOVERNMENT

Well Number: 15

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: 07/31/2011

Date of First Production this formation:

Perforations Top: 6260 Bottom: 9854 No. Holes: 162 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: 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: SOLD Gas Type: DRY BTU Gas: API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9005 Tbg setting date: 09/01/2011 Packer Depth:

Reason for Non-Production:

Well would not flow

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

Bridge Plug Depth: Sacks cement on top:

FORMATION: FORT UNIONStatus: PRODUCING

Treatment Date: _____

Date of First Production this formation: _____

Perforations Top: 6260 Bottom: 9662 No. Holes: 124 Hole size: 1/3

Provide a brief summary of the formation treatment:

Open Hole: ☐266,352 GAL DELTA 140 W/ N2 20,000# OF 100 MESH 351,000# OF 20/40 OTTAWAThis 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: LANCEStatus: PRODUCING

Treatment Date: _____

Date of First Production this formation: _____

Perforations Top: 9756 Bottom: 9854 No. Holes: 38 Hole size: 1/3

Provide a brief summary of the formation treatment:

Open Hole: ☐58,432 GAL DELTA 140 W/ N2 10,000# OF 100 MESH 90,000# OF 20/40 OTTAWAThis 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 BeilbyTitle: Completion Manager

Date: _____

Email chris.beilby@questar.com

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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)