

FORM
5

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:

400276516

Date Received:

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: 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 05-081-07618-00 6. County: MOFFAT
 7. Well Name: BW MUSSER Well Number: 38
 8. Location: QtrQtr: NENE Section: 4 Township: 11N Range: 97W Meridian: 6
 Footage at surface: Distance: 336 feet Direction: FNL Distance: 597 feet Direction: FEL
 As Drilled Latitude: 40.948631 As Drilled Longitude: -108.289197

GPS Data:

Date of Measurement: 01/05/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: L.D. Brown

** If directional footage at Top of Prod. Zone Dist.: 80 feet. Direction: FNL Dist.: 1663 feet. Direction: FEL

Sec: 4 Twp: 11N Rng: 97W

** If directional footage at Bottom Hole Dist.: 84 feet. Direction: FNL Dist.: 1690 feet. Direction: FEL

Sec: 4 Twp: 11N Rng: 97W

9. Field Name: POWDER WASH 10. Field Number: 69800
 11. Federal, Indian or State Lease Number: COD038749B

12. Spud Date: (when the 1st bit hit the dirt) 10/26/2011 13. Date TD: 12/19/2011 14. Date Casing Set or D&A: 12/20/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9140 TVD** 9006 17 Plug Back Total Depth MD 9117 TVD** 8983

18. Elevations GR 6600 KB 6629

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:

CNL-FDL, DIL, GR, CBL

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	26+0/0	20+0/0	42	0	80	150	0	80	CALC
SURF	12+1/4	9+5/8	36	0	1,534	440	0	1,534	VISU
1ST	7+7/8	4+1/2	13.5	0	9,136	1,665	0	9,140	VISU

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	
WASATCH	0		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,297		<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: Chris Beilby

Title: Completion Manager Date: _____ Email: chris.beilby@questar.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400276535	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>

Total: 0 comment(s)