

**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



DE ET OE ES

Document Number:

400209194

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 05-081-07627-00

6. County: MOFFAT

7. Well Name: GOVERNMENT

Well Number: 16

8. Location: QtrQtr: SESW Section: 5 Township: 11N Range: 97W Meridian: 6

Footage at surface: Distance: 147 feet Direction: FSL Distance: 1452 feet Direction: FWL

As Drilled Latitude: 40.935414 As Drilled Longitude: -108.319886

GPS Data:

Date of Measurement: 04/07/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: M.L. Brown

** If directional footage at Top of Prod. Zone Dist.: 801 feet. Direction: FNL Dist.: 2357 feet. Direction: FWL

Sec: 8 Twp: 11N Rng: 97W

** If directional footage at Bottom Hole Dist.: 765 feet. Direction: FNL Dist.: 2437 feet. Direction: FWL

Sec: 8 Twp: 11N Rng: 97W

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COD0054985

12. Spud Date: (when the 1st bit hit the dirt) 10/24/2010 13. Date TD: 11/16/2010 14. Date Casing Set or D&A: 11/20/2010

15. Well Classification:

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

16. Total Depth MD 9795 TVD** 9598 17 Plug Back Total Depth MD 9761 TVD** 9564

18. Elevations GR 7035 KB 7063

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	20	42	0	80	150	0	80	CALC
SURF	12+1/4	9+5/8	36	0	1,517	835	0	1,517	VISU
1ST	7+7/8	4+1/2	13.5	0	9,794	2,045	0	9,794	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	5,994		<input type="checkbox"/>	<input type="checkbox"/>	
LANCE	9,654		<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"/>
400300508	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"/>
<u>Other Attachments</u>					
400300516	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)