| 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 |
|---|---|---|---|---|---|

# DRILLING COMPLETION REPORT

Document Number:

400209205

Date Received:

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

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1. OGCC Operator Number:    95960
2. Name of Operator:  WEXPRO COMPANY
3. Address:   P O BOX 45003
   City:  SALT LAKE CITY     State:   UT     Zip:   84145-

4. Contact Name:   Jim Horner
   Phone:  (307) 352-7523
   Fax:  (307) 352-7575

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5. API Number   05-081-07630-00
6. County:   MOFFAT
7. Well Name:   GOVERNMENT     Well Number: 17
8. Location:   QtrQtr:  SESW   Section:  5   Township:  11N   Range: 97W   Meridian: 6
   Footage at surface:   Distance:  174  feet   Direction:  FSL   Distance: 1436  feet   Direction:  FWL
   As Drilled Latitude:   40.935488     As Drilled Longitude:   -108.319944

GPS Data:
   Data of Measurement:  04/07/2011   PDOP Reading:  1.7   GPS Instrument Operator's Name:   M.L. Brown

   ** If directional footage at Top of Prod. Zone   Dist.:  180  feet. Direction:  FNL   Dist.:  792  feet. Direction:  FWL
      Sec:  8   Twp: 11N   Rng:  97W
   ** If directional footage at Bottom Hole   Dist.:  180  feet. Direction:  FNL   Dist.:  818  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

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12. Spud Date: (when the 1st bit hit the dirt)  10/21/2010  13. Date TD:  12/30/2010  14. Date Casing Set or D&A:   01/02/2011

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15. Well Classification:

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

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16. Total Depth   MD  10057   TVD**  9981   17 Plug Back Total Depth   MD  10027   TVD**  9951

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18. Elevations   GR  7037   KB  7063   | One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

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19. List Electric Logs Run:

CNL-FDL, DIL, GR, CBL

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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 | 1,532 | 835 | 0 | 1,532 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 13.5 | 0 | 10,053 | 2,430 | 0 | 10,053 | 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 | | ☐ | ☐ | |
| FORT UNION | 5,912 | | ☐ | ☐ | |
| LANCE | 9,574 | | ☐ | ☐ | |
| LEWIS | 9,899 | | ☐ | ☐ | |

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 ? |
|---|---|---|
| **Attachment Checklist** | | |
| | CMT Summary * | Yes ☐  No ☒ |
| | Core Analysis | Yes ☐  No ☒ |
| 400300520 | Directional Survey ** | Yes ☒  No ☐ |
| | DST Analysis | Yes ☐  No ☒ |
| | Logs | Yes ☐  No ☒ |
| | Other | Yes ☐  No ☒ |
| **Other Attachments** | | |
| 400300519 | DIRECTIONAL DATA | Yes ☒  No ☐ |

## General Comments

| User Group | Comment | Comment Date |
|---|---|---|
| | | |

Total: 0 comment(s)