

**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:

400294815

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 05-081-07645-00

6. County: MOFFAT

7. Well Name: CARL ALLEN

Well Number: 40

8. Location: QtrQtr: SWSW Section: 28 Township: 12N Range: 97W Meridian: 6

Footage at surface: Distance: 1070 feet Direction: FSL Distance: 711 feet Direction: FWL

As Drilled Latitude: 40.966980 As Drilled Longitude: -108.303650

## GPS Data:

Date of Measurement: 02/16/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Larry D. Brown

\*\* If directional footage at Top of Prod. Zone Dist.: 1313 feet. Direction: FSL Dist.: 1557 feet. Direction: FWL

Sec: 28 Twp: 12N Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1238 feet. Direction: FSL Dist.: 1499 feet. Direction: FWL

Sec: 28 Twp: 12N Rng: 97W

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: COC081267

12. Spud Date: (when the 1st bit hit the dirt) 10/26/2011 13. Date TD: 01/14/2012 14. Date Casing Set or D&amp;A: 01/14/2012

## 15. Well Classification:

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

16. Total Depth MD 9520 TVD\*\* 9431 17 Plug Back Total Depth MD 9458 TVD\*\* 9369

18. Elevations GR 6659 KB 6688

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:

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	150	0	80	VISU
SURF	12+1/4	9+5/8	36	0	1,533	415	0	1,533	VISU
1ST	7+7/8	4+1/2	13.5	0	9,507	1,750	0	9,507	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
FORT UNION	5,316		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
LANCE	9,058		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comment:

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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"/>
400294829	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>					
400301744	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)