

FORM
5A

Rev
06/12

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:

400263323

Date Received:

06/04/2012

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
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

5. API Number 05-081-07634-00
6. County: MOFFAT
7. Well Name: JACKS DRAW UNIT
Well Number: 20
8. Location: QtrQtr: NENW Section: 28 Township: 12N Range: 97W Meridian: 6
9. Field Name: POWDER WASH Field Code: 69800

Completed Interval

FORMATION: FORT UNION Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/19/2011 End Date: 01/21/2012 Date of First Production this formation: 01/29/2012

Perforations Top: 6100 Bottom: 8980 No. Holes: 198 Hole size: 01/3

Provide a brief summary of the formation treatment: Open Hole: ☐

355,411 GAL DELTA 140 W/ N2 30,000# OF 100 MESH 474,289# OF 20/40 OTTAWA

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/29/2012 Hours: 6 Bbl oil: 0 Mcf Gas: 394 Bbl H2O: 25

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1576 Bbl H2O: 100 GOR: 0

Test Method: Flowing Casing PSI: 717 Tubing PSI: 552 Choke Size: 026/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 15 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5989 Tbg setting date: 03/29/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: LANCE Status: PLUGGED AND ABANDONED Treatment Type: _____

Treatment Date: 12/13/2011 End Date: _____ Date of First Production this formation: _____

Perforations Top: 9172 Bottom: 9214 No. Holes: 20 Hole size: 01/3

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

48,309 GAL DELTA 140 W/ N2 10,000# OF 100 MESH 21,000# OF 20/40 OTTAWA

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: Produced too much water

Date formation Abandoned: 03/14/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 9147 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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: 6/4/2012 Email: chris.beilby@questar.com

Attachment Check List

Att Doc Num	Name
400263323	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Form 5 approved.	7/16/2012 6:59:14 AM
Permit	On Hold pending form 5 approval	7/12/2012 6:37:00 AM

Total: 2 comment(s)