

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:
1318611

Date Received:
05/18/2006

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: CHRIS BEILBY
 2. Name of Operator: WEXPRO COMPANY Phone: (307) 352-7556
 3. Address: PO BOX 458 Fax: (307) 352-7575
 City: ROCK SPRINGS State: WY Zip: 82902

5. API Number 05-081-07227-00 6. County: MOFFAT
 7. Well Name: LASHER Well Number: WELL NO.11
 8. Location: QtrQtr: NWSE Section: 25 Township: 12N Range: 101W Meridian: 6
 Footage at surface: Distance: 1603 feet Direction: FSL Distance: 2221 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 1812 feet. Direction: FSL Dist.: 1388 feet. Direction: FEL
 Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: 1840 feet. Direction: FSL Dist.: 1403 feet. Direction: FEL
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: HIAWATHA WEST 10. Field Number: 34351
 11. Federal, Indian or State Lease Number: COD033283A

12. Spud Date: (when the 1st bit hit the dirt) 01/07/2006 13. Date TD: 03/21/2006 14. Date Casing Set or D&A: 05/02/2006

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5520 TVD** 5391 17 Plug Back Total Depth MD 5458 TVD** 5329

18. Elevations GR 6811 KB 6824 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:
MUD, DIL, FDC-CNL, MICRO LOG AND CBL-GR

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 487 | 250 | 0 | 487 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 12 | 0 | 5,508 | 715 | 0 | 5,508 | CALC |

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 | 2,230 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 2,230 | 4,244 | <input type="checkbox"/> | <input type="checkbox"/> | |
| LOWER FORT UNION | 4,244 | 4,548 | <input type="checkbox"/> | <input type="checkbox"/> | |
| LEWIS SHALE | 4,548 | 4,632 | <input type="checkbox"/> | <input type="checkbox"/> | |
| LEWIS | 4,632 | 5,232 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 5,232 | 5,520 | <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: Y Print Name: W R JOHNSON

Title: DIRECTOR TECHNICAL SRVCS Date: 5/16/2006 Email: _____

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"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" 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)