

FORM  
5Rev  
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&amp;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)