

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2511172

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 4. Contact Name: JIM HORNER
 2. Name of Operator: WEXPRO COMPANY Phone: (307) 9225610
 3. Address: P O BOX 45003 Fax: (307) 3527575
 City: SALT LAKE CITY State: UT Zip: 84145-06

5. API Number 05-081-07582-00 6. County: MOFFAT
 7. Well Name: CARL ALLEN Well Number: 36
 8. Location: QtrQtr: NWNE Section: 5 Township: 11N Range: 97W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: FORT UNION Status: PRODUCING
 Treatment Date: 05/18/2010 Date of First Production this formation: 07/09/2010
 Perforations Top: 5746 Bottom: 8292 No. Holes: 342 Hole size: 34/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
244294 GALS 70Q N2 FOAM W/ 336,900# OF 20/40 SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/07/2010 Hours: 11 Bbls oil: 0 Mcf Gas: 1915 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 3814 Bbls H2O: 0 GOR: _____
 Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 1075 Choke Size: 26/64
 Gas Disposition: VENTED Gas Type: DRY BTU Gas: 1150 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5621 Tbg setting date: 06/08/2010 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: _____

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: 7/28/2010 Email CHRIS.BEILBY@QUESTAR.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Neslin

Director of COGCC

Date: 11/9/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2511172	FORM 5A SUBMITTED	LF@2544317 2511172
2511173	WELLBORE DIAGRAM	LF@2544318 2511173

Total Attach: 2 Files