

FORM
5Rev
09/14

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:

401127242

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

OGCC Operator Number: 96850

Contact Name: Whitney Szabo

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (970) 263-2730

Address: PO BOX 370

Fax:

City: PARACHUTE State: CO Zip: 81635

API Number 05-045-22528-00

County: GARFIELD

Well Name: Federal GM

Well Number: 422-9

Location: QtrQtr: NWNW Section: 9 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 644 feet Direction: FNL Distance: 565 feet Direction: FWL

As Drilled Latitude: 39.456909 As Drilled Longitude: -108.119939

GPS Data:

Date of Measurement: 01/12/2015 PDOP Reading: 3.2 GPS Instrument Operator's Name: J.Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1986 feet. Direction: FNL Dist.: 1899 feet. Direction: FWL

Sec: 9 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1994 feet. Direction: FNL Dist.: 1906 feet. Direction: FWL

Sec: 9 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number: COC24603

Spud Date: (when the 1st bit hit the dirt) 07/15/2016 Date TD: 07/18/2016 Date Casing Set or D&A: 07/19/2016

Rig Release Date: 07/19/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7035 TVD** 6567 Plug Back Total Depth MD 6935 TVD** 6450

Elevations GR 6087 KB 6111 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/MUD/RPM

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	18	47.4	0	87	33	0	87	VISU
SURF	13+1/2	9+5/8	32.3	0	1,625	415	0	1,625	VISU
1ST	8+3/4	4+1/2	11.6	0	7,026	830	2,792	7,026	CBL

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	2,294				
OHIO CREEK	3,961				
MESAVERDE	4,034				Mesaverde top is the Williams Fork top.
WILLIAMS FORK	4,034				Williams Fork top is the Mesaverde top.
CAMEO	6,482				
ROLLINS	6,922				

Comment:

Please note: The "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

*No resistivity logs ran on this well. Resistivity logs were ran on the GM 322-9 API# 05-045-25531.

**The CBL PBDT (depth logger) for this well is set above the float collar, the float collar is set at 7001'.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Whitney Szabo

Title: Regulatory Tech

Date: _____

Email: wszabo@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401127262	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401127261	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
401127264	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401127265	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401127266	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401127269	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401127271	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401127272	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401127273	PDF-MUD	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)