

FORM
5
Rev
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:
401234551

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 05-045-23258-00 County: GARFIELD
 Well Name: YOUBERG Well Number: RU 424-7
 Location: QtrQtr: LOT 3 Section: 7 Township: 7S Range: 93W Meridian: 6
 Footage at surface: Distance: 1947 feet Direction: FSL Distance: 157 feet Direction: FWL
 As Drilled Latitude: 39.452180 As Drilled Longitude: -107.825806

GPS Data:
 Date of Measurement: 08/04/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 351 feet. Direction: FSL Dist.: 2266 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 342 feet. Direction: FSL Dist.: 2245 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 93W

Field Name: RULISON Field Number: 75400
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/26/2016 Date TD: 12/30/2016 Date Casing Set or D&A: 12/31/2016
 Rig Release Date: 01/31/2017 Per Rule 308A.b.

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

Total Depth MD 9971 TVD** 9452 Plug Back Total Depth MD 9948 TVD** 9394

Elevations GR 7357 KB 7381 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/RPM/Triple Combo in the RU 514-7

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	80	134	0	80	VISU
SURF	9+5/8	13+1/2	32.3	0	1,146	305	0	1,146	VISU
1ST	8+3/4	4+1/2	11.6	0	9,961	1,050	4,292	9,961	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	3,252				
MESAVERDE	6,092				The Mesaverde top is the Ohio Creek top.
OHIO CREEK	6,092				The Ohio Creek top is the Mesaverde top.
WILLIAMS FORK	6,283				
CAMEO	8,995				
ROLLINS	9,777				

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 open hole logs were run on this well. Triple combination logs were run on the RU 514-7 (045-23260).

**The WSTCG Formation top is an estimate, data was not being recorded when the logs were at this depth.

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 ?	
Attachment Checklist			
401234604	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401234603	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"/>
Other Attachments			
401234607	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401234610	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401234614	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401234616	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401234617	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401234619	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401234620	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)