

DRILLING COMPLETION REPORT

Document Number:
401429877

Date Received:

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: Kellye Garcia
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (832) 726-1159
 Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635

API Number 05-045-23476-00 County: GARFIELD
 Well Name: CHEVRON Well Number: TR 24-23-597
 Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 2570 feet Direction: FNL Distance: 1468 feet Direction: FEL
 As Drilled Latitude: 39.599331 As Drilled Longitude: -108.241510

GPS Data:
 Date of Measurement: 01/18/2017 PDOP Reading: 2.5 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 725 feet. Direction: FSL Dist.: 2472 feet. Direction: FWL
 Sec: 23 Twp: 5S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 657 feet. Direction: FSL Dist.: 2348 feet. Direction: FWL
 Sec: 23 Twp: 5S Rng: 97W

Field Name: TRAIL RIDGE Field Number: 83825
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/30/2017 Date TD: 08/17/2017 Date Casing Set or D&A: 08/17/2017
 Rig Release Date: 08/21/2017 Per Rule 308A.b.

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

Total Depth MD 10483 TVD** 9976 Plug Back Total Depth MD 10441 TVD** 9934
 Elevations GR 8545 KB 8569 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23462

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	47.44	0	108	180	0	108	VISU
SURF	14+3/4	9+5/8	40	0	3,017	1,985	0	3,017	VISU
1ST	8+3/4	4+1/2	11.6	0	10,483	1,460	2,634	10,483	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	2,705				
WASATCH G	5,105				
MESAVERDE	6,567				The Mesaverde is the Ohio Creek Top.
OHIO CREEK	6,567				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	6,818				
CAMEO	9,497				
ROLLINS	9,818				
COZZETTE	10,010				
CORCORAN	10,243				

Comment:

The GPS "as drilled" coordinates and date of measurement is actual data of the existing well conductor location prior to the spud date.

No Open Hole Logs were run on this well. Triple Combination Logs were run on TR 423-23-597 (045-23462).

No MUD logs were run on this well.

The surface string cement job includes 465 sacks of top out cement totaling to 1985 sacks of cement.

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

Signed: _____

Print Name: Kellye Garcia

Title: Land & Regulatory Tech

Date: _____

Email: kgarcia@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401429884	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401429883	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			
401429878	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401429879	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401429880	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401429881	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401429882	DIRECTIONAL DATA	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)