

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



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Document Number:

401431705

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: 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 05-045-23472-00

County: GARFIELD

Well Name: CHEVRON

Well Number: TR 413-24-597

Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6

Footage at surface: Distance: 2527 feet Direction: FNL Distance: 1437 feet Direction: FEL

As Drilled Latitude: 39.599447 As Drilled Longitude: -108.241399

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.: 1805 feet. Direction: FSL Dist.: 174 feet. Direction: FWL

Sec: 23 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1807 feet. Direction: FSL Dist.: 134 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) 05/15/2017 Date TD: 07/20/2017 Date Casing Set or D&A: 07/21/2017

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 10442 TVD** 10141 Plug Back Total Depth MD 10140 TVD** 9839

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	119	199	0	119	VISU
SURF	14+3/4	9+5/8	36	0	3,001	1,520	0	3,001	VISU
1ST	8+3/4	4+1/2	11.6	0	10,442	1,465	5,338	10,442	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	2,798				
WASATCH G	4,989				
MESAVERDE	6,533				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	6,533				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	6,781				
CAMEO	9,451				
ROLLINS	9,827				
COZZETTE	10,023				
CORCORAN	10,247				

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.

No top out cement job was done on this well.

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 ?
<u>Attachment Checklist</u>		
401431717	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401431716	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>		
401431709	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401431710	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401431713	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401431714	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401431715	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)