

DRILLING COMPLETION REPORT

Document Number:
401432023

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: Kelye 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 05-045-23463-00 County: GARFIELD
 Well Name: CHEVRON Well Number: TR 321-23-597
 Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 2503 feet Direction: FNL Distance: 1431 feet Direction: FEL
 As Drilled Latitude: 39.599513 As Drilled Longitude: -108.241380

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.: 144 feet. Direction: FNL Dist.: 2505 feet. Direction: FWL
 Sec: 23 Twp: 5S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 131 feet. Direction: FNL Dist.: 2446 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) 05/24/2017 Date TD: 07/06/2017 Date Casing Set or D&A: 07/06/2017
 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 10686 TVD** 10028 Plug Back Total Depth MD 10643 TVD** 9985
 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	13+3/4	9+5/8	40	0	3,040	1,575	0	3,040	VISU
1ST	8+3/4	4+1/5	11.6	0	10,686	1,445	2,280	10,686	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	2,995				
WASATCH G	5,293				
MESAVERDE	6,791				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	6,791				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	7,055				
CAMEO	9,650				
ROLLINS	10,044				
COZZETTE	10,254				
CORCORAN	10,462				

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).

The surface string cement job includes 55 sacks of top out cement totaling to 1575 sacks of cement. The 55 sacks of top out cement are reported on the TR 21-23-597 cement job summary which is attached.

No MUD logs were run 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 ?	
Attachment Checklist			
401432094	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401432093	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			
401432085	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401432086	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401432087	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401432089	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401432092	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)