

DRILLING COMPLETION REPORT

Document Number:
401303871

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 05-045-23344-00 County: GARFIELD
 Well Name: Chevron Well Number: TR 413-21-597
 Location: QtrQtr: SESW Section: 21 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 697 feet Direction: FSL Distance: 1865 feet Direction: FWL
 As Drilled Latitude: 39.593824 As Drilled Longitude: -108.285814

GPS Data:
 Date of Measurement: 12/14/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1740 feet. Direction: FSL Dist.: 472 feet. Direction: FWL
 Sec: 21 Twp: 5S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 1740 feet. Direction: FSL Dist.: 472 feet. Direction: FWL
 Sec: 21 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) 01/24/2017 Date TD: 04/18/2017 Date Casing Set or D&A: 04/19/2017
 Rig Release Date: 04/19/2017 Per Rule 308A.b.

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

Total Depth MD 9584 TVD** 9276 Plug Back Total Depth MD 9480 TVD** 9172
 Elevations GR 8292 KB 8316 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/MUD/TRIPLE COMBO IN 045-23339

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	84	140	0	84	VISU
SURF	14+3/4	9+5/8	36	0	2,753	1,250	0	2,753	VISU
1ST	8+3/4	4+1/2	11.6	0	9,584	1,315	3,020	9,584	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	2,448				
WASATCH G	4,406				
MESAVERDE	5,674				Mesaverde is the Ohio Creek top.
OHIO CREEK	5,674				Ohio Creek top is the Mesaverde top.
WILLIAMS FORK	5,874				
CAMEO	8,351				
ROLLINS	8,729				
COZZETTE	8,901				
CORCORAN	9,134				
SEGO	9,311				

Comment:

The GPS 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 313-21-597 (045-23339).

PBTD matches the CBL per Craig Burger.

No top out cement job was done on this well.

The "depth driller" on the CBL reflects the Form 2 proposed depth. The actual TD is 9584' for 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 TECHNICIAN

Date: _____

Email: KGARCIA@TERRAEP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401308338	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401520984	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			
401303876	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401303877	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401303892	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401303925	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401312191	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401312193	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401362766	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)