

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:
401427384

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: 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 05-045-23461-00 County: GARFIELD
 Well Name: CHEVRON Well Number: TR 23-23-597
 Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 2564 feet Direction: FNL Distance: 1476 feet Direction: FEL
 As Drilled Latitude: 39.599347 As Drilled Longitude: -108.241539

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.: 2211 feet. Direction: FSL Dist.: 2512 feet. Direction: FWL
 Sec: 23 Twp: 5S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 2191 feet. Direction: FSL Dist.: 2486 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) 06/04/2017 Date TD: 06/15/2017 Date Casing Set or D&A: 06/15/2017
 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 10359 TVD** 10185 Plug Back Total Depth MD 10338 TVD** 10164

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	40	0	3,009	1,525	0	3,009	VISU
1ST	8+3/4	4+1/2	11.6	0	10,349	1,470	3,480	10,349	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	2,692				
WASATCH G	4,840				
MESAVERDE	6,277				The Mesaverde top is the Ohio Creek top.
OHIO CREEK	6,277				The Ohio Creek top is the Mesaverde top.
WILLIAMS FORK	6,554				
CAMEO	9,256				
ROLLINS	9,591				
COZZETTE	9,779				
CORCORAN	10,002				

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 MUD logs were run on this well.

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 140 sacks of top out cement totaling to 1525 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			
401484094	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401484096	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			
401484097	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401529523	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401529524	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401529525	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401529527	PDF-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)