

**DRILLING COMPLETION REPORT**

Document Number:  
401593589

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 05-045-23442-00 County: GARFIELD  
 Well Name: WARE Well Number: SR 523-12  
 Location: QtrQtr: NESW Section: 12 Township: 7S Range: 94W Meridian: 6  
 Footage at surface: Distance: 1770 feet Direction: FSL Distance: 2305 feet Direction: FWL  
 As Drilled Latitude: 39.451064 As Drilled Longitude: -107.836647

GPS Data:  
 Date of Measurement: 05/05/2017 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1569 feet. Direction: FSL Dist.: 1825 feet. Direction: FWL  
 Sec: 12 Twp: 7S Rng: 94W  
 \*\* If directional footage at Bottom Hole Dist.: 1574 feet. Direction: FSL Dist.: 1791 feet. Direction: FWL  
 Sec: 12 Twp: 7S Rng: 94W

Field Name: RULISON Field Number: 75400  
 Federal, Indian or State Lease Number: COC36490

Spud Date: (when the 1st bit hit the dirt) 12/28/2017 Date TD: 12/31/2017 Date Casing Set or D&A: 01/01/2018  
 Rig Release Date: 02/14/2018 Per Rule 308A.b.

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

Total Depth MD 9527 TVD\*\* 9500 Plug Back Total Depth MD 9487 TVD\*\* 9460  
 Elevations GR 7479 KB 7503 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23441

**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	87	145	0	87	VISU
SURF	13+1/2	9+5/8	32.3	0	1,141	300	0	1,141	VISU
1ST	8+3/4	4+1/2	11.6	0	9,527	1,075	5,063	9,527	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 G	3,463				
MESAVERDE	5,885				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	5,885				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	5,962				
CAMEO	8,655				
ROLLINS	9,427				

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 the SR 513-12 (045-23441).

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 ?	
<b>Attachment Checklist</b>			
401593609	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401593608	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"/>
<b>Other Attachments</b>			
401593600	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401593602	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401593603	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401593604	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401593606	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)