

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



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Document Number:
401600341

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 05-045-23443-00 County: GARFIELD
Well Name: WARE Well Number: SR 413-12
Location: QtrQtr: NESW Section: 12 Township: 7S Range: 94W Meridian: 6
Footage at surface: Distance: 1784 feet Direction: FSL Distance: 2299 feet Direction: FWL
As Drilled Latitude: 39.451102 As Drilled Longitude: -107.836667

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.: 1753 feet. Direction: FSL Dist.: 385 feet. Direction: FWL
Sec: 12 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1775 feet. Direction: FSL Dist.: 354 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) 12/08/2017 Date TD: 12/11/2017 Date Casing Set or D&A: 12/12/2017
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 9844 TVD** 9491 Plug Back Total Depth MD 9803 TVD** 9450

Elevations GR 7479 KB 9503 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	1,144	300	0	1,144	VISU
1ST	8+3/4	4+1/2	11.6	0	9,844	1,075	4,826	9,844	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/02/2018

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF		40	4,826	

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	3,701				
MESAVERDE	6,156				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	6,156				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	6,230				
CAMEO	8,944				
ROLLINS	9,730				

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 ?	
Attachment Checklist			
401600350	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401600349	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			
401600343	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401600344	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401600345	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401600346	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401600348	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401600355	WELLBORE DIAGRAM	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)