

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:
401879917

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: Jeff Kirtland
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2736
 Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635

API Number 05-045-23788-00 County: GARFIELD
 Well Name: FEDERAL Well Number: PA 333-24
 Location: QtrQtr: Lot 14 Section: 19 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 1415 feet Direction: FSL Distance: 378 feet Direction: FWL
 As Drilled Latitude: 39.507056 As Drilled Longitude: -107.936895

GPS Data:
 Date of Measurement: 04/25/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2109 feet. Direction: FSL Dist.: 1985 feet. Direction: FEL
 Sec: 24 Twp: 6S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 2090 feet. Direction: FSL Dist.: 1885 feet. Direction: FEL
 Sec: 24 Twp: 6S Rng: 95W

Field Name: PARACHUTE Field Number: 67350
 Federal, Indian or State Lease Number: COC73094

Spud Date: (when the 1st bit hit the dirt) 10/23/2018 Date TD: 10/26/2018 Date Casing Set or D&A: 10/27/2018
 Rig Release Date: 10/28/2018 Per Rule 308A.b.

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

Total Depth MD 9061 TVD** 8492 Plug Back Total Depth MD 9019 TVD** 8460

Elevations GR 5732 KB 5756 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, NEU, (TRIPLE COMBO IN API 045-23764 and IN API 045-23776)

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	104	174	0	104	VISU
SURF	13+1/2	9+5/8	36	0	1,127	300	0	1,137	VISU
1ST	8+3/4	4+1/2	11.6	0	9,051	1,905	2,138	9,061	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	2,777		NO		
WILLIAMS FORK	5,392		NO		
MESAVERDE	5,470		NO		The Ohio Creek Top is the Mesaverde Top.
OHIO CREEK	5,470		NO		The Mesaverde Top is the Ohio Creek Top.
CAMEO	8,510		NO		
ROLLINS	8,952		NO		

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 Federal PA 434-24 (045-23764) and on the Federal PA 34-24 (045-23776).

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: Ashley Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401880635	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401880634	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			
401880629	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880630	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880631	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880632	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880637	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)

