

DRILLING COMPLETION REPORT

Document Number:
401903344

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: 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 05-045-23903-00 County: GARFIELD
 Well Name: CLOUGH Well Number: NR 311-3
 Location: QtrQtr: NESW Section: 3 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 1859 feet Direction: FSL Distance: 1756 feet Direction: FWL
 As Drilled Latitude: 39.552636 As Drilled Longitude: -107.877309

GPS Data:
 Date of Measurement: 05/11/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 605 feet. Direction: FNL Dist.: 284 feet. Direction: FWL
 Sec: 3 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 671 feet. Direction: FNL Dist.: 256 feet. Direction: FWL
 Sec: 3 Twp: 6S Rng: 94W

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

Spud Date: (when the 1st bit hit the dirt) 08/05/2018 Date TD: 08/11/2018 Date Casing Set or D&A: 08/12/2018
 Rig Release Date: 12/08/2018 Per Rule 308A.b.

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

Total Depth MD 11028 TVD** 10023 Plug Back Total Depth MD 10986 TVD** 9981

Elevations GR 6719 KB 6743 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, NEU, (TRIPLE COMBO IN API 045-23912)

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	108	180	0	112	VISU
SURF	13+1/2	9+5/8	36	0	1,127	300	0	1,136	VISU
1ST	8+3/4	4+1/2	11.6	0	11,018	1,430	2,784	11,028	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:

Due to a leaking collar joint at 8,065', a patch was run in hole and set from 8,049' - 8,081'. Pressure test to 4500 psi was performed. Test was good and held. Wireline ticket is attached.

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	4,250				
MESAVERDE	7,162				The Ohio Creek Top is the Mesaverde Top.
OHIO CREEK	7,162				The Mesaverde Top is the Ohio Creek Top.
WILLIAMS FORK	7,320				
CAMEO	10,051				
ROLLINS	10,946				

Comment:

The GPS "as drilled" coordinates and dates 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 NR 43-3 (045-23912).

No MUD logs were run on this well.

Due to a leaking collar joint at 8,065', a patch was run in hole and set from 8,049' - 8,081'. Pressure test to 4500 psi was performed. Test was good and held. Wireline ticket is attached.

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			
401907862	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401904493	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"/>
401910356	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401907747	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401907751	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401907753	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401907754	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401907755	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)

