

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:
402018022

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 05-045-24127-00 County: GARFIELD
 Well Name: FEDERAL Well Number: SG 314-15
 Location: QtrQtr: NWNW Section: 22 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 917 feet Direction: FNL Distance: 501 feet Direction: FWL
 As Drilled Latitude: 39.427802 As Drilled Longitude: -108.103919

GPS Data:
 Date of Measurement: 12/07/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 937 feet. Direction: FSL Dist.: 676 feet. Direction: FWL
 Sec: 15 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 949 feet. Direction: FSL Dist.: 661 feet. Direction: FWL
 Sec: 15 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290
 Federal, Indian or State Lease Number: COC27874

Spud Date: (when the 1st bit hit the dirt) 01/26/2019 Date TD: 01/29/2019 Date Casing Set or D&A: 01/30/2019
 Rig Release Date: 04/02/2019 Per Rule 308A.b.

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

Total Depth MD 6731 TVD** 6208 Plug Back Total Depth MD 6718 TVD** 6195

Elevations GR 6091 KB 6115 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Pulsed Neutron, Temp, Triple Combo OH Surface String Log (BLM requirement)

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	108	VISU
SURF	13+1/2	9+5/8	32.3	0	1,028	275	0	1,037	VISU
1ST	8+3/4	4+1/2	11.6	0	6,721	1,765	4,112	6,721	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	1,958				
MESAVERDE	3,937				
OHIO CREEK	3,937				
WILLIAMS FORK	3,990				
CAMEO	6,273				
ROLLINS	6,770				

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 MUD logs were run on this well.

Per the alternative logging program for multi-well pad, an open hole gamma ray with resistivity measured while drilling (MWD) log was run on the SG 321-22 well (API# 05-045-24143-00).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jeffrey Kirtland

Title: Regulatory Lead

Date: _____

Email: jkirtland@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402021182	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402021181	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			
402021137	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021154	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021159	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021161	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021163	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021166	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021168	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021169	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402021180	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)

