

FORM
5
Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402196118

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 96850 Contact Name: Jeff Kirtland
Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-273
Address: PO BOX 370 Fax: _____
City: PARACHUTE State: CO Zip: 81635 Email: anoonan@terraep.com

API Number 05-045-24036-00 County: GARFIELD
Well Name: FEDERAL Well Number: RWF 443-7
Location: QtrQtr: LOT 4 Section: 17 Township: 6S Range: 94W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 474 feet Direction: FNL Distance: 11 feet Direction: FWL
As Drilled Latitude: 39.531127 As Drilled Longitude: -107.921260

GPS Data:
Date of Measurement: 04/23/2019 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. KIRKPATRICK
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 908 feet Direction: FSL Dist: 2077 feet Direction: FEL
Sec: 7 Twp: 6S Rng: 94W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 932 feet Direction: FSL Dist: 2136 feet Direction: FEL
Sec: 7 Twp: 6S Rng: 94W
FNL/FSL FEL/FWL

Field Name: RULISON Field Number: 75400
Federal, Indian or State Lease Number: COC62160

Spud Date: (when the 1st bit hit the dirt) 07/26/2019 Date TD: 07/30/2019 Date Casing Set or D&A: 08/01/2019
Rig Release Date: 08/08/2019 Per Rule 308A.b.

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

Total Depth MD 9697 TVD** 9070 Plug Back Total Depth MD 9657 TVD** 9030
Elevations GR 6175 KB 6199 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, NEU, (Triple Combo 045-24035)

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	84	140	0	84	VISU
SURF	13+1/2	9+5/8	36	0	1,104	300	0	1,104	VISU
1ST	8+3/4	4+1/2	11.6	0	9,687	1,755	300	9,687	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	2,927				
WASATCH	4,824				
MESAVERDE	5,859				
OHIO CREEK	5,859				
WILLIAMS FORK	5,951				
CAMEO	8,657				
ROLLINS	9,531				

Operator Comments:

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.

No open hole logs were run. Triple Combination Logs were run on the Federal RWF 442-18 API (045-24035)

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 ?	
<u>Attachment Checklist</u>			
402196246	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402196257	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"/>
<u>Other Attachments</u>			
402196236	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402196241	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402196242	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402196244	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402196256	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)

