

FORM
5Rev
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:

402198893

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 05-045-24033-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 14-17

Location: QtrQtr: LOT 4

Section: 17

Township: 6S

Range: 94W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 497 feet

Direction: FNL

Distance: 14 feet

Direction: FWL

As Drilled Latitude: 39.531065

As Drilled Longitude: -107.921248

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: 119 feet

Direction: FNL

Dist: 657 feet

Direction: FWL

Sec: 17

Twp: 6S

Rng: 94W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 112 feet

Direction: FNL

Dist: 728 feet

Direction: FWL

Sec: 17

Twp: 6S

Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC62160

Spud Date: (when the 1st bit hit the dirt) 06/29/2019

Date TD: 07/02/2019

Date Casing Set or D&A: 07/03/2019

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 9035

TVD** 8984

Plug Back Total Depth MD 8995

TVD** 8944

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	80	134	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,104	300	0	1,105	VISU
1ST	8+3/4	4+1/2	11.6	0	9,025	1,605	2,414	9,025	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	2,737				
WASATCH	4,669				
MESAVERDE	5,264				
OHIO CREEK	5,264				
WILLIAMS FORK	5,356				
CAMEO	8,006				
ROLLINS	8,880				

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>		
402199079	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402199097	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>		
402199073	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402199074	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402199076	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402199078	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402199092	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)

