

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:

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

API Number <u>05-045-24033-00</u>	County: <u>GARFIELD</u>
Well Name: <u>FEDERAL</u>	Well Number: <u>RWF 14-17</u>
Location: QtrQtr: <u>LOT 4</u> Section: <u>17</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>497</u> feet Direction: <u>FNL</u> Distance: <u>14</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.531065</u> As Drilled Longitude: <u>-107.921248</u>	
GPS Data:	
Date of Measurement: <u>04/23/2019</u> PDOP Reading: <u>2.3</u> GPS Instrument Operator's Name: <u>J. KIRKPATRICK</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>119</u> feet Direction: <u>FNL</u> Dist: <u>657</u> feet Direction: <u>FWL</u>	
Sec: <u>17</u> Twp: <u>6S</u> Rng: <u>94W</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>112</u> feet Direction: <u>FNL</u> Dist: <u>728</u> feet Direction: <u>FWL</u>	
Sec: <u>17</u> Twp: <u>6S</u> Rng: <u>94W</u>	
Field Name: <u>RULISON</u> Field Number: <u>75400</u>	
Federal, Indian or State Lease Number: <u>COC62160</u>	

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 <u>9035</u> TVD** <u>8984</u> Plug Back Total Depth MD <u>8995</u> TVD** <u>8944</u>
Elevations GR <u>6175</u> KB <u>6199</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

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)

