

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:

402257209

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) 263-2736
Address: PO BOX 370 Fax: _____
City: PARACHUTE State: CO Zip: 81635 Email: jkirtland@terraep.com

API Number 05-045-24102-00 County: GARFIELD
Well Name: PUCKETT Well Number: GM 444-8
Location: QtrQtr: NESW Section: 8 Township: 7S Range: 96W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2268 feet Direction: FSL Distance: 2249 feet Direction: FWL
As Drilled Latitude: 39.450791 As Drilled Longitude: -108.132631

GPS Data:

Date of Measurement: 11/14/2018 PDOP Reading: 2.6 GPS Instrument Operator's Name: J. KIRKPATRICK
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1541 feet Direction: FSL Dist: 628 feet Direction: FEL
Sec: 8 Twp: 7S Rng: 96W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 1492 feet Direction: FSL Dist: 636 feet Direction: FEL
Sec: 8 Twp: 7S Rng: 96W
FNL/FSL FEL/FWL

Field Name: GRAND VALLEY Field Number: 31290

Federal, Indian or State Lease Number: COC24603

Spud Date: (when the 1st bit hit the dirt) 11/02/2019 Date TD: 11/05/2019 Date Casing Set or D&A: 11/05/2019

Rig Release Date: 11/14/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7315 TVD** 6640 Plug Back Total Depth MD 7273 TVD** 6599

Elevations GR 6281 KB 6305 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, NEU, (RES 045-24094)

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	87	105	0	87	VISU
SURF	13+1/2	9+5/8	36	0	1,020	275	0	1,030	VISU
1ST	8+3/4	4+1/2	11.6	0	7,305	880	2,748	7,305	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	2,523				
MESAVERDE	4,246				
OHIO CREEK	4,246				
WILLIAMS FORK	4,375				
CAMEO	6,774				
ROLLINS	7,178				

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.

Alternative Logging Program: Open hole logs were run. Resistivity Gamma Ray log was run on GM 514-8 (045-24094)

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			
402279535	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402279539	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			
402279522	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279523	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279524	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279527	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279540	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)

