

FORM
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Rev
11/20

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:

402534526

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) 2632736
Address: PO BOX 370 Fax: _____
City: PARACHUTE State: CO Zip: 81635 Email: jkirtland@terraep.com

API Number 05-045-24305-00 County: GARFIELD
Well Name: FEDERAL Well Number: PA 414-23
Location: QtrQtr: LOT 2 Section: 26 Township: 6S Range: 95W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1163 feet Direction: FNL Distance: 2185 feet Direction: FEL
As Drilled Latitude: 39.499960 As Drilled Longitude: -107.964160
GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 07/01/2020
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 452 feet Direction: FSL Dist: 1087 feet Direction: FWL
Sec: 23 Twp: 6S Rng: 95W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 484 feet Direction: FSL Dist: 961 feet Direction: FWL
Sec: 23 Twp: 6S Rng: 95W
Field Name: PARACHUTE Field Number: 67350
Federal, Indian or State Lease Number: COC073094

Spud Date: (when the 1st bit hit the dirt) 10/02/2020 Date TD: 10/05/2020 Date Casing Set or D&A: 10/05/2020

Rig Release Date: 10/10/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 9068 TVD** 8263 Plug Back Total Depth MD 9026 TVD** 8221

Elevations GR 5486 KB 5510 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, (DEN/NEU IN 05-045-24301)

CASING, LINER AND CEMENT

| Casing Type | Size of Hole | Size of Casing | Grade | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top | Status |
|-------------|--------------|----------------|-------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 18 | na | 47.44 | 0 | 83 | 179 | 83 | 0 | VISU |
| SURF | 13+1/2 | 9+5/8 | J-55 | 36 | 0 | 1124 | 295 | 1134 | 0 | VISU |
| 1ST | 8+3/4 | 4+1/2 | P-110 | 11.6 | 0 | 9058 | 1255 | 9068 | 2030 | CBL |

Bradenhead Pressure Action Threshold 337 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

This well was drilled prior to the effective date of this rule. However TEP's casing program will comply with this rule as of Dec 10, 2020.

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 | 2,721 | | | | |
| WASATCH | 4,835 | | | | |
| OHIO CREEK | 5,464 | | | | |
| WILLIAMS FORK | 5,464 | | | | |
| CAMEO | 7,998 | | | | |
| ROLLINS | 8,953 | | | | |

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: No open hole logs were run. Density Neutron log was run on Federal PA 14-23 (API 05-045-24301).

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> | | | |
| 402534602 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402534601 | 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> | | | |
| 402534596 | LAS-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402534597 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402534600 | 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)

