

FORM
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Rev
12/20

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:

402590251

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 05-045-24321-00 County: GARFIELD
Well Name: FEDERAL Well Number: RWF 522-8
Location: QtrQtr: NESE Section: 8 Township: 6S Range: 94W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2434 feet Direction: FSL Distance: 343 feet Direction: FEL
As Drilled Latitude: 39.539146 As Drilled Longitude: -107.903836
GPS Data: GPS Quality Value: 2.7 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: 2592 feet Direction: FNL Dist: 2428 feet Direction: FWL
Sec: 8 Twp: 6S Rng: 94W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2628 feet Direction: FNL Dist: 2323 feet Direction: FWL
Sec: 8 Twp: 6S Rng: 94W
Field Name: RULISON Field Number: 75400
Federal, Indian or State Lease Number: COC073085

Spud Date: (when the 1st bit hit the dirt) 10/14/2020 Date TD: 10/19/2020 Date Casing Set or D&A: 10/20/2020

Rig Release Date: 12/06/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 9467 TVD** 8835 Plug Back Total Depth MD 9425 TVD** 8794

Elevations GR 5980 KB 6004 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, NEU, (Triple Combo 045-24314)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): _____ Fresh Water (bbls): _____

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): _____

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	A-52A	47.44	0	108	140	108	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1040	268	1040	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	9457	1242	9457	2944	CBL

Bradenhead Pressure Action Threshold 312 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? Yes

If "NO", provide details below.

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	2,918				
WASATCH	5,070				
OHIO CREEK	5,712				
WILLIAMS FORK	6,193				
CAMEO	8,544				
ROLLINS	9,372				

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. Triple Combo log was run on Federal RWF 21-8(API 045-24314).

Well was drilled before rule Rule 431.b was placed into effect 01/15/2021. Terra will report drilling fluid volumes on future filings.

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			
402590603	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402591887	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			
402590589	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402590591	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402590593	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402590594	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402590600	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)

