

FORM
5

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:

402783806

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 05-103-12464-00 County: RIO BLANCO
Well Name: FEDERAL Well Number: RG 443-7-297
Location: QtrQtr: NWNE Section: 18 Township: 2S Range: 97W Meridian: 6
FNL/FSL FNL/FSL
Footage at surface: Distance: 650 feet Direction: FNL Distance: 2100 feet Direction: FEL
As Drilled Latitude: 39.881840 As Drilled Longitude: -108.322722
GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/24/2020
FNL/FSL FNL/FSL
** If directional footage at Top of Prod. Zone Dist: 1809 feet Direction: FSL Dist: 773 feet Direction: FEL
Sec: 7 Twp: 2S Rng: 97W
FNL/FSL FNL/FSL
** If directional footage at Bottom Hole Dist: 1920 feet Direction: FSL Dist: 911 feet Direction: FEL
Sec: 7 Twp: 2S Rng: 97W
Field Name: SULPHUR CREEK Field Number: 80090
Federal, Indian or State Lease Number: COC057285

Spud Date: (when the 1st bit hit the dirt) 03/01/2021 Date TD: 06/29/2021 Date Casing Set or D&A: 07/01/2021
Rig Release Date: 07/28/2021 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 12750 TVD** 12130 Plug Back Total Depth MD 12706 TVD** 12085

Elevations GR 6621 KB 6651 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, NEU, (DEN/NEU in 103-10906)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 6577 Fresh Water (bbls): 8589

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2012

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	30	20	X65	78.67	0	84	199	84	0	VISU
SURF	17+1/2	13+3/8	J-55	54.5	0	1434	568	1434	0	VISU
1ST	12+1/4	9+5/8	J-55	36	0	3441	221	3442	2432	CBL
2ND	8+3/4	4+1/2	P-110	11.6	0	12740	1658	12750	4833	CBL

Bradenhead Pressure Action Threshold 430 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	2,779		NO	NO	
WASATCH G	5,628		NO	NO	
OHIO CREEK	7,601		NO	NO	
WILLIAMS FORK	8,418		NO	NO	
CAMEO	11,159		NO	NO	
ROLLINS	11,555		NO	NO	
COZZETTE	11,708		NO	NO	
CORCORAN	12,039		NO	NO	
SEGO	12,291		NO	NO	

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.

TPZ was estimated, actual TPZ will be listed on the Form 5A.

No MUD logs were run on this well.

Alternative Logging Program: No open hole logs were run. Density Neutron log was run on Federal RG 41-18-297D (API #05-103-10906).

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>			
402783814	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402813383	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>			
402783807	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402783808	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402783809	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402783810	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402783811	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402783812	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402783813	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)