

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:

402789308

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 05-103-12462-00 County: RIO BLANCO
Well Name: FEDERAL Well Number: RG 342-18-297
Location: QtrQtr: NWNE Section: 18 Township: 2S Range: 97W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 682 feet Direction: FNL Distance: 2103 feet Direction: FEL
As Drilled Latitude: 39.881754 As Drilled Longitude: -108.322735
GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/24/2020
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1694 feet Direction: FNL Dist: 692 feet Direction: FEL
Sec: 18 Twp: 2S Rng: 97W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1889 feet Direction: FNL Dist: 809 feet Direction: FEL
Sec: 18 Twp: 2S Rng: 97W
Field Name: SULPHUR CREEK Field Number: 80090
Federal, Indian or State Lease Number: COC0003453

Spud Date: (when the 1st bit hit the dirt) 02/23/2021 Date TD: 05/05/2021 Date Casing Set or D&A: 05/06/2021
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 12055 TVD** 11771 Plug Back Total Depth MD 12015 TVD** 11731
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): 5436 Fresh Water (bbls): 8512
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3076

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	90	212	90	0	VISU
SURF	17+1/2	13+3/8	J-55	54.5	0	1391	606	1391	0	VISU
1ST	12+1/4	9+5/8	J-55	36	0	3275	221	3276	2238	CBL
2ND	8+3/4	4+1/2	P-110	11.6	0	12050	1811	12055	1979	CBL

Bradenhead Pressure Action Threshold 417 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	2,773		NO	NO	
WASATCH G	5,327		NO	NO	
OHIO CREEK	7,134		NO	NO	
WILLIAMS FORK	7,879		NO	NO	
CAMEO	10,575		NO	NO	
ROLLINS	11,020		NO	NO	
COZZETTE	11,173		NO	NO	
CORCORAN	11,518		NO	NO	
SEGO	11,743		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.

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 ?	
Attachment Checklist			
402789315	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402818850	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			
402789309	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789310	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789311	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789312	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789313	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789314	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789318	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)