

FORM
5Rev
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:

403193188

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: 1058 COUNTY ROAD 215

Fax:

City: PARACHUTE

State: CO

Zip: 81635

Email: jkirtland@terraep.com

API Number 05-045-24467-00

County: GARFIELD

Well Name: FEDERAL

Well Number: NR 33-4

Location: QtrQtr: NWSW Section: 3 Township: 6S Range: 94W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2436 feet Direction: FSL Distance: 1247 feet Direction: FWL

As Drilled Latitude: 39.554219 As Drilled Longitude: -107.879120

GPS Data: GPS Quality Value: 3.1 Type of GPS Quality Value: PDOP Date of Measurement: 06/10/2021

** If directional footage at Top of Prod. Zone Dist: 2830 feet Direction: FNL Dist: 2472 feet Direction: FEL
Sec: 4 Twp: 6S Rng: 94W** If directional footage at Bottom Hole Dist: 2862 feet Direction: FNL Dist: 2605 feet Direction: FEL
Sec: 4 Twp: 6S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC73085

Spud Date: (when the 1st bit hit the dirt) 07/01/2022 Date TD: 07/07/2022 Date Casing Set or D&A: 07/08/2022

Rig Release Date: 08/23/2022 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11032 TVD** 9871 Plug Back Total Depth MD 10987 TVD** 9826

Elevations GR 6728 KB 6758

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

CBL, (Triple Combo on 045-20525)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 7173

Fresh Water (bbls): 5803

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1370

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	30	20	X65	78.67	0	81	192	81	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1118	362	1118	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	11022	1154	11032	4366	CBL

Bradenhead Pressure Action Threshold 335 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	0		NO	NO	
WASATCH G	4,200		NO	NO	
OHIO CREEK	7,164		NO	NO	
WILLIAMS FORK	7,881		NO	NO	
CAMEO	10,155		NO	NO	
ROLLINS	10,961		NO	NO	

Operator Comments:

The GPS "as drilled" coordinates and date of measurement is actual data of the existing well conductor location prior to the spud date.

No Open Hole Logs were run on this well. Triple Combo log ran on the Clough NR 422-3 (045-20525).

No MUD logs were run on this well.

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>			
403204941	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403200924	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>			
403200894	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403200897	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403200925	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)