

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:

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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: Melissa Luke  
Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721  
Address: 1058 COUNTY ROAD 215 Fax: \_\_\_\_\_  
City: PARACHUTE State: CO Zip: 81635 Email: mluke@terraep.com

API Number 05-103-12486-00 County: RIO BLANCO  
Well Name: FEDERAL Well Number: RG 11-18-297  
Location: QtrQtr: LOT 15 Section: 7 Township: 2S Range: 97W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 1799 feet Direction: FSL Distance: 1342 feet Direction: FWL  
As Drilled Latitude: 39.888489 As Drilled Longitude: -108.329035  
GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 11/15/2021  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
Field Name: LOVE RANCH Field Number: 51850  
Federal, Indian or State Lease Number: COC0003453

Spud Date: (when the 1st bit hit the dirt) 08/21/2022 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_

Rig Release Date: 08/22/2022 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 1408 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

Elevations GR 6603 KB 6617 Digital Copies of ALL Logs must be Attached

List All Logs Run:

NA

### 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

<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	X52	52.78	0	89	211	89	0	VISU
SURF	17+1/2	13+3/8	J55	54.5	0	1398	553	1398	0	VISU

Bradenhead Pressure Action Threshold 419 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	

Operator Comments:

Drilling operations were suspended on the Federal RG 11-18-297 well on 08/22/2022 to drill and set casing prior to the Form 2 expiration date. The anticipated date for resuming operations will be on May 2023. Please see attached Operations Summary, Directional Survey, and Cement Report.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Melissa Luke

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: mluke@terraep.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403235413	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403235409	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
403235404	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403235410	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)