

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:

403317779

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 05-045-24489-00 County: GARFIELD
Well Name: FEDERAL Well Number: WMC 532-20
Location: QtrQtr: SESW Section: 17 Township: 7S Range: 93W Meridian: 6
Footage at surface: Distance: 236 feet Direction: FSL Distance: 1819 feet Direction: FWL
As Drilled Latitude: 39.439039 As Drilled Longitude: -107.799486
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 11/15/2021
** If directional footage at Top of Prod. Zone Dist: 2356 feet Direction: FNL Dist: 1913 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 2400 feet Direction: FNL Dist: 1933 feet Direction: FEL
Field Name: RULISON Field Number: 75400
Federal, Indian or State Lease Number: COC075070

Spud Date: (when the 1st bit hit the dirt) 11/06/2022 Date TD: 11/10/2022 Date Casing Set or D&A: 11/13/2022
Rig Release Date: 12/27/2022 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11477 TVD** 10933 Plug Back Total Depth MD 11204 TVD** 10659
Elevations GR 8868 KB 8898 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, Triple Combo

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 14738 Fresh Water (bbls): 12780
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1958

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 | 213 | 90 | 0 | VISU |
| SURF | 13+1/2 | 9+5/8 | J-55 | 36 | 0 | 1135 | 342 | 1135 | 0 | VISU |
| 1ST | 8+3/4 | 4+1/2 | P-110 | 11.6 | 0 | 11477 | 1168 | 11477 | 8914 | CBL |

Bradenhead Pressure Action Threshold 340 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 | 2,472 | | | | |
| WASATCH G | 5,184 | | | | |
| OHIO CREEK | 7,835 | | | | |
| WILLIAMS FORK | 8,561 | | | | |
| CAMEO | 10,555 | | | | |
| ROLLINS | 11,316 | | | | |

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 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> | | | |
| 403322317 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 403319192 | 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> | | | |
| 403319058 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403322323 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403322325 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403322326 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403322327 | PDF-TRIPLE COMBINATION | 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)