

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:

403317802

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 05-045-24490-00 County: GARFIELD  
Well Name: FEDERAL Well Number: WMC 432-20  
Location: QtrQtr: SESW Section: 17 Township: 7S Range: 93W Meridian: 6  
FNL/FSL FNL/FSL  
Footage at surface: Distance: 233 feet Direction: FSL Distance: 1826 feet Direction: FWL  
As Drilled Latitude: 39.439032 As Drilled Longitude: -107.799461  
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 11/15/2021  
FNL/FSL FNL/FSL  
\*\* If directional footage at Top of Prod. Zone Dist: 1987 feet Direction: FNL Dist: 1911 feet Direction: FEL  
Sec: 20 Twp: 7S Rng: 93W  
FNL/FSL FNL/FSL  
\*\* If directional footage at Bottom Hole Dist: 2059 feet Direction: FNL Dist: 1941 feet Direction: FEL  
Sec: 20 Twp: 7S Rng: 93W  
Field Name: RULISON Field Number: 75400  
Federal, Indian or State Lease Number: COC075070

Spud Date: (when the 1st bit hit the dirt) 12/01/2022 Date TD: 12/05/2022 Date Casing Set or D&A: 12/06/2022

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 11358 TVD\*\* 10918 Plug Back Total Depth MD 11311 TVD\*\* 10872

Elevations GR 8868 KB 8898 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, (Triple Combo on 045-24489)

### FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 14859 Fresh Water (bbls): 12694

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2165

### 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	X52	52.78	0	90	213	90	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1134	357	1134	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	11358	1353	11358	6678	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	2,462				
WASATCH G	5,125				
OHIO CREEK	7,760				
WILLIAMS FORK	8,475				
CAMEO	10,503				
ROLLINS	11,239				

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 WMC 532-20 (045-24489).

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>			
403322691	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403319202	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>			
403319067	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403322689	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403322693	PDF-CEMENT BOND	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)