

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:

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

FEL/FWL

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

FEL/FWL

** 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

FEL/FWL

** 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

<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	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)