

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:

403460584

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 05-045-24546-00

County: GARFIELD

Well Name: TEP

Well Number: WMC 33-19-793

Location: QtrQtr: LOT 2 Section: 19 Township: 7S Range: 93W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2142 feet Direction: FNL Distance: 991 feet Direction: FWL

As Drilled Latitude: 39.426528 As Drilled Longitude: -107.822471

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 10/14/2022

** If directional footage at Top of Prod. Zone Dist: 2253 feet Direction: FSL Dist: 2129 feet Direction: FEL
Sec: 19 Twp: 7S Rng: 93W** If directional footage at Bottom Hole Dist: 2263 feet Direction: FSL Dist: 2196 feet Direction: FEL
Sec: 19 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) 04/19/2023 Date TD: 04/23/2023 Date Casing Set or D&A: 04/24/2023

Rig Release Date: 05/21/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11110 TVD** 10636 Plug Back Total Depth MD 11056 TVD** 10582

Elevations GR 8563 KB 8593

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, (IND on 045-19930)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 9640

Fresh Water (bbls): 7960

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1680

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	80	189	80	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1140	358	1140	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	11100	1107	11100	5772	CBL

Bradenhead Pressure Action Threshold 342 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	2,202				
WASATCH G	4,943				
OHIO CREEK	7,344				
WILLIAMS FORK	8,102				
CAMEO	10,135				
ROLLINS	11,000				

Operator Comments:

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

No MUD logs were run on this well.

Alternative Logging Program- No open hole logs were run on this well, IND log ran on the Honea Fed 24-09C (045-19930)

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

Signed: _____

Print Name: Ashley NoonanTitle: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403470173	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403466739	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>			
403460702	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403460706	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403460927	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)