

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403613350

Date Received:

12/07/2023

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

ECMC 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 05-045-24562-00

County: GARFIELD

Well Name: Leverich

Well Number: WMC 414-18-793

Location: QtrQtr: LOT 3 Section: 13 Township: 7S Range: 94W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1413 feet Direction: FSL Distance: 812 feet Direction: FEL

As Drilled Latitude: 39.435612 As Drilled Longitude: -107.828992

GPS Data: GPS Quality Value: 3.1 Type of GPS Quality Value: PDOP Date of Measurement: 03/07/2023

** If directional footage at Top of Prod. Zone Dist: 854 feet Direction: FSL Dist: 1013 feet Direction: FWL
Sec: 13 Twp: 7S Rng: 94W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 818 feet Direction: FSL Dist: 998 feet Direction: FWL
Sec: 13 Twp: 7S Rng: 94W
FNL/FSL FEL/FWL

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/01/2023 Date TD: 10/05/2023 Date Casing Set or D&A: 10/06/2023

Rig Release Date: 10/13/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10336 TVD** 10078 Plug Back Total Depth MD 10291 TVD** 10033

Elevations GR 8007 KB 8037

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, (RES in API 045-24555 and 045-24560)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 13320

Fresh Water (bbls): 12648

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 672

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 | 1132 | 342 | 1132 | 0 | VISU |
| 1ST | 8+3/4 | 4+1/2 | P-110 | 11.6 | 0 | 10336 | 1132 | 10336 | 6460 | 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 ECMC) |
|----------------|----------------|--------|------------------|-------|--|
| | Top | Bottom | DST | Cored | |
| WASATCH | 1,513 | | | | |
| WASATCH G | 4,209 | | | | |
| OHIO CREEK | 7,014 | | | | |
| WILLIAMS FORK | 7,381 | | | | |
| CAMEO | 9,430 | | | | |
| ROLLINS | 10,258 | | | | |

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.

No open hole logs were run. Resistivity logs were run on the Leverich SR 321-24 (045-24555) and the Leverich SR 523-13 (045-24560)

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: 12/7/2023 Email: anoonan@terraep.com

ATTACHMENT LIST

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 403613405 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403617858 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 403613491 | 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> | | | |
| 403613350 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403613477 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403613479 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403613492 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--------------------------|---------------------|
| Permit | Passed Completion review | 03/05/2024 |

Total: 1 comment(s)