

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:
401110030

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 96850 Contact Name: Whitney Szabo
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2730
 Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635

API Number 05-045-22531-00 County: GARFIELD
 Well Name: Federal GM Well Number: 322-9
 Location: QtrQtr: NWNW Section: 9 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 675 feet Direction: FNL Distance: 558 feet Direction: FWL
 As Drilled Latitude: 39.456825 As Drilled Longitude: -108.119968

GPS Data:
 Date of Measurement: 01/12/2015 PDOP Reading: 3.2 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1655 feet. Direction: FNL Dist.: 1937 feet. Direction: FWL
 Sec: 9 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1686 feet. Direction: FNL Dist.: 1950 feet. Direction: FWL
 Sec: 9 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290
 Federal, Indian or State Lease Number: COC24603

Spud Date: (when the 1st bit hit the dirt) 06/07/2016 Date TD: 06/11/2016 Date Casing Set or D&A: 06/12/2016
 Rig Release Date: 07/19/2016 Per Rule 308A.b.

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

Total Depth MD 6965 TVD** 6605 Plug Back Total Depth MD 6891 TVD** 6445

Elevations GR 6087 KB 6111 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/Triple Combo

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	18	47.4	0	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,044	300	0	1,044	VISU
1ST	8+3/4	4+1/2	11.6	0	6,955	800	4,205	6,955	CBL

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 G	2,283				
OHIO CREEK	3,895				
MESAVERDE	3,933				Mesaverde top is the Williams Fork top.
WILLIAMS FORK	3,933				Williams Fork top is the Mesaverde top.
CAMEO	6,394				
ROLLINS	6,845				

Comment:

Please note: The "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

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

Signed: _____ Print Name: Whitney Szabo

Title: Regulatory Tech Date: _____ Email: wszabo@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401110103	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401110102	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"/>
Other Attachments			
401110075	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110076	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110084	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110089	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110092	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110113	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401110148	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>

Total: 0 comment(s)