

FORM
5Rev
09/14State 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:

401127091

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 05-045-22529-00

County: GARFIELD

Well Name: Federal GM

Well Number: 421-9

Location: QtrQtr: NWNW Section: 9 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 644 feet Direction: FNL Distance: 578 feet Direction: FWL

As Drilled Latitude: 39.456912 As Drilled Longitude: -108.119896

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.: 1130 feet. Direction: FNL Dist.: 1383 feet. Direction: FWL

Sec: 9 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1146 feet. Direction: FNL Dist.: 1385 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) 06/25/2016 Date TD: 06/27/2016 Date Casing Set or D&A: 06/28/2016

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 6707 TVD** 6593 Plug Back Total Depth MD 6587 TVD** 6501

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

List Electric Logs Run:

CBL/MUD/RPM

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	87	33	0	87	VISU
SURF	13+1/2	9+5/8	32.3	0	1,132	565	0	1,132	VISU
1ST	8+3/4	4+1/2	11.6	0	6,698	830	3,090	6,698	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	2,124				
MESAVERDE	3,621				Mesaverde top is the Williams Fork top and the Ohio Creek top.
OHIO CREEK	3,621				Ohio Creek top is the Mesaverde and Williams fork top.
WILLIAMS FORK	3,621				Williams Fork top is the Mesaverde top and the Ohio Creek Top.
CAMEO	6,129				
ROLLINS	6,611				

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.

*No resistivity logs were ran on this well. Resistivity logs were ran on the GM 322-9 API# 05-045-22531.

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 ?
<u>Attachment Checklist</u>		
401127111	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401127110	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>		
401127113	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401127115	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401127116	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401127118	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401127124	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401127125	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401127129	PDF-MUD	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)