

FORM
5Rev
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:

401177743

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 05-045-23234-00

County: GARFIELD

Well Name: Youberg

Well Number: RU 411-7

Location: QtrQtr: SENW Section: 7 Township: 7S Range: 93W Meridian: 6

Footage at surface: Distance: 1995 feet Direction: FNL Distance: 1899 feet Direction: FWL

As Drilled Latitude: 39.457005 As Drilled Longitude: -107.819706

GPS Data:

Date of Measurement: 06/16/2016 PDOP Reading: 1.9 GPS Instrument Operator's Name: J.Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 780 feet. Direction: FNL Dist.: 213 feet. Direction: FWL

Sec: 7 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 808 feet. Direction: FNL Dist.: 157 feet. Direction: FWL

Sec: 7 Twp: 7S Rng: 93W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/15/2016 Date TD: 09/20/2016 Date Casing Set or D&A: 09/21/2016

Rig Release Date: 10/16/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9782 TVD** 9434 Plug Back Total Depth MD 9708 TVD** 9376

Elevations GR 7339 KB 7363 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/MUD/RPM/Triple Combo in API 05-045-23232

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	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,171	310	0	1,171	VISU
1ST	8+3/4	4+1/2	11.6	0	9,772	1,115	4,360	9,772	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	3,515				
MESAVERDE	5,876				Mesaverde top is the OH Creek top.
OHIO CREEK	5,876				OH Creek top is the Mesaverde top.
WILLIAMS FORK	6,064				
CAMEO	8,792				
ROLLINS	9,630				

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.

The CBL PBTD (depth logger) for this well is set above the float collar, the float collar is set at 9743'.

No open hole logs were run on this well. Triple Combination logs were run on the RU 23-7 (05-045-23232).

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>		
401177749	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401177748	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>		
401177752	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401177754	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401177755	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401177757	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401177758	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401177759	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401178180	PDF-CBL 1ST RUN	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)