

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:
401178547

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 05-045-23132-00 County: GARFIELD
 Well Name: Youberg Well Number: RU 322-7
 Location: QtrQtr: SENW Section: 7 Township: 7S Range: 93W Meridian: 6
 Footage at surface: Distance: 2008 feet Direction: FNL Distance: 1906 feet Direction: FWL
 As Drilled Latitude: 39.456977 As Drilled Longitude: -107.819680

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.: 1651 feet. Direction: FNL Dist.: 1795 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 1657 feet. Direction: FNL Dist.: 1771 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) 09/02/2016 Date TD: 09/07/2016 Date Casing Set or D&A: 09/08/2016
 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 9480 TVD** 9460 Plug Back Total Depth MD 9408 TVD** 9399
 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 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	1,173	310	0	1,173	VISU
1ST	8+3/4	4+1/2	11.6	0	9,472	1,110	4,470	9,472	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	3,277				
MESAVERDE	5,597				Mesaverde top is the OH creek top.
OHIO CREEK	5,597				OH Creek top is the Mesaverde top.
WILLIAMS FORK	5,740				
CAMEO	8,514				
ROLLINS	9,321				

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 9443'.

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 ?	
Attachment Checklist			
401178577	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401178576	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			
401178579	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401178586	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401178588	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401178616	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401178619	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401178623	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401178625	PDF-MUD	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)