

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.

Document Number:
401209992

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 96850 Contact Name: Whitney Szabo

Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 589-5861

Address: PO BOX 370 Fax: _____

City: PARACHUTE State: CO Zip: 81635

API Number 05-045-23256-00 County: GARFIELD

Well Name: YOUBERG Well Number: SR 344-12

Location: QtrQtr: LOT 3 Section: 7 Township: 7S Range: 93W Meridian: 6

Footage at surface: Distance: 1930 feet Direction: FSL Distance: 148 feet Direction: FWL

As Drilled Latitude: 39.452116 As Drilled Longitude: -107.825837

GPS Data:
Date of Measurement: 08/04/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 791 feet. Direction: FSL Dist.: 516 feet. Direction: FEL
Sec: 7 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 812 feet. Direction: FSL Dist.: 510 feet. Direction: FEL
Sec: 7 Twp: 7S Rng: 93W

Field Name: RULISON Field Number: 75400

Federal, Indian or State Lease Number: COC36490

Spud Date: (when the 1st bit hit the dirt) 11/17/2016 Date TD: 11/23/2016 Date Casing Set or D&A: 11/23/2016

Rig Release Date: 01/31/2017 Per Rule 308A.b.

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

Total Depth MD 9679 TVD** 9448 Plug Back Total Depth MD 9600 TVD** 9448

Elevations GR 7357 KB 7381 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/RPM/Triple Combo in the RU 514-7

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	80	134	0	80	VISU
SURF	13+1/2	9+5/8	32.3	0	1,136	305	0	1,136	VISU
1ST	8+3/4	4+1/2	11.6	0	9,669	1,095	4,074	9,669	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	3,344				Formation top is an estimate, data was not being recorded when the logs were at this depth.
OHIO CREEK	5,877				
MESAVERDE	5,880				
WILLIAMS FORK	5,988				
CAMEO	8,696				
ROLLINS	9,504				

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 open hole logs were run on this well. Triple combination logs were run on the RU 514-7 (045-23260).

** The CBL PBSD (depth logger) for this well is set above the float collar, the float collar is set at 9640'.

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			
401210004	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401210006	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			
401210007	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401210009	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401210011	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401210013	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401210015	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401210020	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401210025	LAS-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)