

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



DE ET OE ES

Document Number:

401302269

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: Kellye Garcia

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (832) 7261159

Address: PO BOX 370

Fax:

City: PARACHUTE State: CO Zip: 81635

API Number 05-045-23339-00

County: GARFIELD

Well Name: Chevron

Well Number: TR 313-21-597

Location: QtrQtr: SESW Section: 21 Township: 5S Range: 97W Meridian: 6

Footage at surface: Distance: 704 feet Direction: FSL Distance: 1868 feet Direction: FWL

As Drilled Latitude: 39.593843 As Drilled Longitude: -108.285804

GPS Data:

Date of Measurement: 12/14/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2140 feet. Direction: FSL Dist.: 446 feet. Direction: FWL

Sec: 21 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2108 feet. Direction: FSL Dist.: 412 feet. Direction: FWL

Sec: 21 Twp: 5S Rng: 97W

Field Name: TRAIL RIDGE

Field Number: 83825

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/19/2017 Date TD: 03/19/2017 Date Casing Set or D&A: 03/20/2017

Rig Release Date: 04/19/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9734 TVD** 9329 Plug Back Total Depth MD 9622 TVD** 9217

Elevations GR 8292 KB 8316 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/TRIPLE COMBO IN 045-23339

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	47.44	0	63	105	0	63	VISU
SURF	14+3/4	9+5/8	36	0	2,796	1,364	0	2,796	VISU
1ST	8+3/4	4+1/2	11.6	0	9,734	1,315	3,330	9,734	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	2,503				
WASATCH G	4,508				
MESAVERDE	5,778				Mesaverde is the Ohio Creek top.
OHIO CREEK	5,778				Ohio Creek top is the Meseverde top.
WILLIAMS FORK	5,989				
CAMEO	8,493				
ROLLINS	8,841				
COZZETTE	9,006				
CORCORAN	9,229				
SEGO	9,429				

Comment:

The GPS date of measurement is actual data of the existing well conductor location prior to the spud date.

Triple Combination Logs were run on TR 313-21-597 (045-23339).

No MUD logs were run on this well.

PBTD matches the CBL per Craig Burger.

The surface string cement job includes 89 sacks of top out cement totaling to 1364 sacks of cement.

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

Signed: _____

Print Name: KELLYE GARCIA

Title: LAND TECHNICIAN

Date: _____

Email: KGARCIA@TERRAEP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401303647	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401314743	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>		
401303638	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401303640	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401303642	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401303643	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401312505	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401362744	LAS-PULSED NEUTRON	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)