

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:
401303840

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) 726-1159
 Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635

API Number 05-045-23349-00 County: GARFIELD
 Well Name: Chevron Well Number: TR 334-21-597
 Location: QtrQtr: SESW Section: 21 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 665 feet Direction: FSL Distance: 1862 feet Direction: FWL
 As Drilled Latitude: 39.593738 As Drilled Longitude: -108.285824

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.: 760 feet. Direction: FSL Dist.: 1409 feet. Direction: FEL
 Sec: 21 Twp: 5S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 727 feet. Direction: FSL Dist.: 1459 feet. Direction: FEL
 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) 02/04/2017 Date TD: 04/03/2017 Date Casing Set or D&A: 04/03/2017
 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 9803 TVD** 9396 Plug Back Total Depth MD 9737 TVD** 9330
 Elevations GR 8292 KB 8316 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/MUD/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	84	140	0	84	VISU
SURF	14+3/4	9+5/8	36	0	2,814	1,300	0	2,814	VISU
1ST	8+3/4	4+1/2	11.6	0	9,803	1,300	3,720	9,803	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	2,562				
WASATCH G	4,498				
MESAVERDE	5,885				
OHIO CREEK	5,885				
WILLIAMS FORK	6,113				
CAMEO	8,626				
ROLLINS	8,964				
COZZETTE	9,151				
CORCORAN	9,371				
SEGO	9,558				

Comment:

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

No Open Hole Logs were run on this well. Triple Combination Logs were run on TR 313-21-597 (045-23339).

PBTD matches the CBL per Craig Burger.

No top out cement job was done on this well.

The "depth driller" on the CBL reflects the Form 2 proposed depth. The actual TD is 9803' for this well.

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 ?	
Attachment Checklist			
401303869	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401314705	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			
401303850	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401303856	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401303864	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401303865	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401312513	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401312515	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401362787	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)