

DRILLING COMPLETION REPORT

Document Number:
401371817

Date Received:

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: Kelye 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 05-045-22704-00 County: GARFIELD
 Well Name: Federal GM Well Number: 312-10
 Location: QtrQtr: SENW Section: 10 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 2127 feet Direction: FNL Distance: 1865 feet Direction: FWL
 As Drilled Latitude: 39.452941 As Drilled Longitude: -108.096766

GPS Data:
 Date of Measurement: 04/12/2017 PDOP Reading: 2.0 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1896 feet. Direction: FNL Dist.: 466 feet. Direction: FWL
 Sec: 10 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1836 feet. Direction: FNL Dist.: 513 feet. Direction: FWL
 Sec: 10 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290
 Federal, Indian or State Lease Number: COC24603

Spud Date: (when the 1st bit hit the dirt) 06/09/2017 Date TD: 06/12/2017 Date Casing Set or D&A: 06/14/2017
 Rig Release Date: 08/01/2017 Per Rule 308A.b.

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

Total Depth MD 7025 TVD** 6785 Plug Back Total Depth MD 6970 TVD** 6730

Elevations GR 6148 KB 6172 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/PULSED NEUTRON LOG/TRIPLE COMBO

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	87	145	0	87	VISU
SURF	13+1/2	9+5/8	36	0	990	275	0	990	VISU
1ST	8+3/4	4+1/2	11.6	0	7,025	770	4,196	7,025	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	2,177				
MESAVERDE	3,916				The Mesaverde is the Ohio Creek top.
OHIO CREEK	3,916				The Ohio Creek top is the Mesaverde top.
WILLIAMS FORK	4,003				
CAMEO	6,484				
ROLLINS	6,862				

Comment:

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

PBTD matches the CBL per Craig Burger.

No top out cement job was done on this well.

Triple Combination Logs we were run on 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 and Regulatory Tech

Date: _____

Email: kgarcia@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401371915	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401371920	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"/>
401371904	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401371870	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371871	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371872	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371876	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371877	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371878	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371882	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371883	TIF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401371923	DIRECTIONAL DATA	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)