

DRILLING COMPLETION REPORT

Document Number:
401431656

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 05-045-23459-00 County: GARFIELD
 Well Name: CHEVRON Well Number: TR 522-23-597
 Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 2546 feet Direction: FNL Distance: 1450 feet Direction: FEL
 As Drilled Latitude: 39.599397 As Drilled Longitude: -108.241446

GPS Data:
 Date of Measurement: 01/18/2017 PDOP Reading: 2.5 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2428 feet. Direction: FNL Dist.: 2515 feet. Direction: FWL
 Sec: 23 Twp: 5S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 2466 feet. Direction: FNL Dist.: 2431 feet. Direction: FWL
 Sec: 23 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) 05/08/2017 Date TD: 08/03/2017 Date Casing Set or D&A: 08/03/2017
 Rig Release Date: 08/21/2017 Per Rule 308A.b.

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

Total Depth MD 10140 TVD** 9970 Plug Back Total Depth MD 10098 TVD** 9928
 Elevations GR 8545 KB 8569 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23462

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	108	180	0	108	VISU
SURF	14+3/4	9+5/8	36	0	2,968	1,600	0	2,968	VISU
1ST	8+3/4	4+1/2	11.6	0	10,140	1,455	3,074	10,140	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	2,672				
WASATCH G	4,828				
MESAVERDE	6,274				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	6,274				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	6,516				
CAMEO	9,206				
ROLLINS	9,576				
COZZETTE	9,767				
CORCORAN	9,973				

Comment:

The GPS "as drilled" coordinates and 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 423-23-597 (045-23462).

No MUD logs were run on this well.

The surface string cement job includes 80 sacks of top out cement totaling to 1600 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 & Regulatory Tech

Date: _____

Email: kgarcia@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401431663	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401431662	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			
401431657	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431658	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431659	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431660	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431661	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)