

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:
401465204

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: 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 05-045-23290-00 County: GARFIELD
 Well Name: YOUBERG Well Number: SR 12-12
 Location: QtrQtr: SWNE Section: 12 Township: 7S Range: 94W Meridian: 6
 Footage at surface: Distance: 1926 feet Direction: FNL Distance: 2116 feet Direction: FEL
 As Drilled Latitude: 39.455321 As Drilled Longitude: -107.833902

GPS Data:
 Date of Measurement: 04/21/2016 PDOP Reading: 2.8 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1493 feet. Direction: FNL Dist.: 358 feet. Direction: FEL
 Sec: 12 Twp: 7S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 1493 feet. Direction: FNL Dist.: 358 feet. Direction: FEL
 Sec: 12 Twp: 7S Rng: 94W

Field Name: RULISON Field Number: 75400
 Federal, Indian or State Lease Number: COC36490

Spud Date: (when the 1st bit hit the dirt) 07/09/2017 Date TD: 08/27/2017 Date Casing Set or D&A: 08/28/2017
 Rig Release Date: 10/08/2017 Per Rule 308A.b.

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

Total Depth MD 10070 TVD** 9300 Plug Back Total Depth MD 10013 TVD** 9243

Elevations GR 7254 KB 7278 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23433.

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	0	108	180	0	108	VISU
SURF	13+1/2	9+5/8	36	0	1,356	360	0	1,356	VISU
1ST	8+3/4	4+1/2	11.6	0	10,045	1,045	4,850	10,045	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	3,700				
MESAVERDE	6,243				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	6,243				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	6,388				
CAMEO	9,145				
ROLLINS	9,924				

Comment:

The GPS "as drilled" coordinates and date of measurement is actual data of the existing well conductor location prior to the spud date.

This well is waiting on completion and is scheduled for December 2017.

The TPZ footages are estimated and based on the GNL footages because the well has not been completed.

No Open Hole Logs were run on this well. Triple Combination Logs were run on SR 521-12 (045-23433).

No MUD logs 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 & Regulatory Tech

Date: _____

Email: kgarcia@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401465212	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401465211	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"/>
401465210	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401465205	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401465206	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401465207	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401465208	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401465209	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)