

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.

Document Number:
401486405

Date Received:

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 05-045-23506-00 County: GARFIELD

Well Name: GM Well Number: 323-4

Location: QtrQtr: LOT 7 Section: 5 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 690 feet Direction: FSL Distance: 931 feet Direction: FEL

As Drilled Latitude: 39.460922 As Drilled Longitude: -108.125644

GPS Data:
Date of Measurement: 06/14/2017 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2023 feet. Direction: FSL Dist.: 1962 feet. Direction: FWL
Sec: 5 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2044 feet. Direction: FSL Dist.: 1992 feet. Direction: FWL
Sec: 5 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) 10/15/2017 Date TD: 10/17/2017 Date Casing Set or D&A: 10/17/2017

Rig Release Date: 10/25/2017 Per Rule 308A.b.

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

Total Depth MD 7785 TVD** 6628 Plug Back Total Depth MD 7743 TVD** 6586

Elevations GR 5977 KB 6001 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-22668

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	109	182	0	109	VISU
SURF	13+1/2	9+5/8	32.3	0	1,274	310	0	1,274	VISU
1ST	8+3/4	4+1/2	11.6	0	7,785	885	4,663	7,785	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/18/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,130	690	4,663	6,222

Details of work:

Set retainer at 6080', perfed at 6130'. Pumped 690 sacks of cement, strung out retainer.

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	2,593				
MESAVERDE	4,194				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	4,194				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	4,411				
CAMEO	6,852				
ROLLINS	7,182				

Comment:

We are seeking a waiver from the COA for a LTOC, and had been granted to remediate the well via Craig Burger.

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 the GM 343-5 (045-22668).

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			
401486427	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401486442	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			
401486437	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401486438	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401486439	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401486440	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401486441	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)