

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



Document Number:

401484827

Date Received:

12/13/2017

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-045-23503-00 County: GARFIELD
Well Name: GM Well Number: 413-4
Location: QtrQtr: LOT 7 Section: 5 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 709 feet Direction: FSL Distance: 920 feet Direction: FEL
As Drilled Latitude: 39.460975 As Drilled Longitude: -108.125603

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.: 2019 feet Direction: FSL Dist.: 664 feet Direction: FWL
Sec: 5 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2041 feet Direction: FSL Dist.: 644 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) 09/26/2017 Date TD: 09/29/2017 Date Casing Set or D&A: 09/30/2017
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 7167 TVD** 6695 Plug Back Total Depth MD 7120 TVD** 6648

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	1,085	280	0	1,085	VISU
1ST	8+3/4	4+1/2	11.6	0	7,167	870	3,443	7,167	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	2,247				
MESAVERDE	4,037				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	4,037				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	4,219				
CAMEO	6,668				
ROLLINS	7,016				

Operator Comments

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: 12/13/2017 Email: kgarcia@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401484862	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484863	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401484861	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			
401484827	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484845	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484850	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484852	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484853	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401484860	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)