

Document Number:
401303777

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 05-045-23350-00 County: GARFIELD
 Well Name: Chevron Well Number: TR 323-21-597
 Location: QtrQtr: SESW Section: 21 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 727 feet Direction: FSL Distance: 1889 feet Direction: FWL
 As Drilled Latitude: 39.593908 As Drilled Longitude: -108.285729

GPS Data:
 Date of Measurement: 12/14/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2113 feet. Direction: FSL Dist.: 2379 feet. Direction: FWL
 Sec: 21 Twp: 5S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 2086 feet. Direction: FSL Dist.: 2369 feet. Direction: FWL
 Sec: 21 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) 01/01/2017 Date TD: 02/25/2017 Date Casing Set or D&A: 02/27/2017
 Rig Release Date: 04/19/2017 Per Rule 308A.b.

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

Total Depth MD 9597 TVD** 9387 Plug Back Total Depth MD 9522 TVD** 9312
 Elevations GR 8292 KB 8316 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/MUD/TRIPLE COMBO IN 045-23339

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	84	140	0	84	VISU
SURF	14+3/4	9+5/8	36	0	2,670	1,293	0	2,670	VISU
1ST	8+3/4	4+1/2	11.6	0	9,587	1,453	3,020	9,587	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	2,390				
WASATCH G	4,298				
MESAVERDE	5,674				Mesaverde top is the Ohio Creek top.
OHIO CREEK	5,674				Ohio Creek top is the Mesaverde top.
WILLIAMS FORK	5,887				
CAMEO	8,397				
ROLLINS	8,748				
COZZETTE	8,927				
CORCORAN	9,144				
SEGO	9,334				

Comment:

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

No Open Hole Logs were run on this well. Triple Combination logs were run in TR 543-27-597 (05-045-19220).

PBTD matches the CBL per Craig Burger.

The surface string cement job includes 88 sacks of top out cement totaling to 1293 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 TECHNICIAN Date: _____ Email: KGARCIA@TERRAEP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401303807	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401303806	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			
401312497	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401356342	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401356344	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401362662	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401520997	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401520998	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401523086	PDF-PULSED NEUTRON	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)