

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:

401431803

Date Received:

10/18/2017

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 05-045-23473-00 County: GARFIELD
Well Name: CHEVRON Well Number: TR 12-24-597
Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6
Footage at surface: Distance: 2509 feet Direction: FNL Distance: 1423 feet Direction: FEL
As Drilled Latitude: 39.599496 As Drilled Longitude: -108.241352

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.: 1383 feet Direction: FNL Dist.: 180 feet Direction: FWL
Sec: 24 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1386 feet Direction: FNL Dist.: 130 feet Direction: FWL
Sec: 24 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) 05/22/2017 Date TD: 07/10/2017 Date Casing Set or D&A: 07/10/2017
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 10503 TVD** 10162 Plug Back Total Depth MD 10460 TVD** 10119

Elevations GR 8545 KB 8569 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL/PULSED NEUTRON/(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	3,010	2,380	0	3,010	CALC
1ST	8+3/4	4+1/2	11.6	0	10,503	1,465	3,726	10,503	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	2,714				
WASATCH G	5,042				
MESAVERDE	6,554				The Mesaverde Top is the Ohio Creek Top.
OHIO CREEK	6,554				The Ohio Creek Top is the Mesaverde Top.
WILLIAMS FORK	6,834				
CAMEO	9,493				
ROLLINS	9,881				
COZZETTE	10,073				
CORCORAN	10,295				

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 TR 423-23-597 (045-23462).

The surface string cement job includes 860 sacks of top out cement totaling to 2380 sacks of cement.

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: 10/18/2017 Email: kgarcia@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401431950	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431951	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401431949	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			
401431803	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431928	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431931	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431932	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431938	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401431948	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Changed surface casing status from visu to cala per cement job summary, No cement to surface. COAs reviewed	01/31/2018
Permit	Corrected TPZ section to reflect directional survey. Returned BHL footages to original values as my calculations had them closer to correct.	01/29/2018
Permit	TPZ to be added when Form 5A is filed. Corrected BHL and BHL section as per directional survey.	12/04/2017

Total: 3 comment(s)