

FORM
5Rev
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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| DE | ET | OE | ES |
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Document Number:

401543694

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: 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 05-045-23440-00

County: GARFIELD

Well Name: WARE

Well Number: SR 423-12

Location: QtrQtr: NESW Section: 12 Township: 7S Range: 94W Meridian: 6

Footage at surface: Distance: 1797 feet Direction: FSL Distance: 2293 feet Direction: FWL

As Drilled Latitude: 39.451140 As Drilled Longitude: -107.836688

GPS Data:

Date of Measurement: 05/05/2017 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1939 feet. Direction: FSL Dist.: 1759 feet. Direction: FWL

Sec: 12 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1953 feet. Direction: FSL Dist.: 1745 feet. Direction: FWL

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) 11/18/2017 Date TD: 11/22/2017 Date Casing Set or D&A: 11/22/2017

Rig Release Date: 02/04/2018 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 9484 TVD** 9452 Plug Back Total Depth MD 9442 TVD** 9410

Elevations GR 7479 KB 7503 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23441

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 | 86 | 144 | 0 | 86 | VISU |
| SURF | 13+1/2 | 9+5/8 | 32.3 | 0 | 1,115 | 300 | 0 | 1,115 | VISU |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 9,484 | 1,075 | 4,043 | 9,484 | 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 | 3,474 | | | | |
| MESAVERDE | 5,736 | | | | The Mesaverde Top is the Ohio Creek Top. |
| OHIO CREEK | 5,736 | | | | The Ohio Creek Top is the Mesaverde Top. |
| WILLIAMS FORK | 5,914 | | | | |
| CAMEO | 8,657 | | | | |
| ROLLINS | 9,425 | | | | |

Comment:

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 SR 513-12 (045-23441).

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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 401543719 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 401543718 | 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"/> |
| <u>Other Attachments</u> | | | | | |
| 401543706 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401543709 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401543711 | LAS-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401543713 | PDF-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401543716 | 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)