

Document Number:  
401684072

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 05-045-23732-00 County: GARFIELD  
 Well Name: FEDERAL Well Number: RU 512-17  
 Location: QtrQtr: NESW Section: 17 Township: 7S Range: 93W Meridian: 6  
 Footage at surface: Distance: 1876 feet Direction: FSL Distance: 2436 feet Direction: FWL  
 As Drilled Latitude: 39.443532 As Drilled Longitude: -107.797507

GPS Data:  
 Date of Measurement: 11/14/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 2383 feet. Direction: FNL Dist.: 279 feet. Direction: FWL  
 Sec: 17 Twp: 7S Rng: 93W  
 \*\* If directional footage at Bottom Hole Dist.: 2408 feet. Direction: FNL Dist.: 229 feet. Direction: FWL  
 Sec: 17 Twp: 7S Rng: 93W

Field Name: RULISON Field Number: 75400  
 Federal, Indian or State Lease Number: COC50944

Spud Date: (when the 1st bit hit the dirt) 03/20/2018 Date TD: 03/24/2018 Date Casing Set or D&A: 03/25/2018  
 Rig Release Date: 06/04/2018 Per Rule 308A.b.

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

Total Depth MD 10804 TVD\*\* 10394 Plug Back Total Depth MD 10764 TVD\*\* 10354  
 Elevations GR 8366 KB 8390 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23738

**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	100	0	84	VISU
SURF	13+1/2	9+5/8	32.3	0	1,120	300	0	1,130	VISU
1ST	8+3/4	4+1/2	11.6	0	10,794	1,205	4,786	10,804	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	4,584				
MESAVERDE	7,147				The Ohio Creek Top is the Mesaverde Top.
OHIO CREEK	7,147				The Mesaverde Top is the Ohio Creek Top.
WILLIAMS FORK	7,197				
CAMEO	9,941				
ROLLINS	10,713				

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 RU 522-17 (045-23738).

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 ?	
<b>Attachment Checklist</b>			
401684085	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401684084	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"/>
<b>Other Attachments</b>			
401684078	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401684079	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401684080	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401684081	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401684082	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)