

**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



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Document Number:  
401765899

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 05-045-23722-00 County: GARFIELD  
 Well Name: FEDERAL Well Number: PA 431-26  
 Location: QtrQtr: NESW Section: 26 Township: 6S Range: 95W Meridian: 6  
 Footage at surface: Distance: 2128 feet Direction: FSL Distance: 2431 feet Direction: FWL  
 As Drilled Latitude: 39.494358 As Drilled Longitude: -107.966831

GPS Data:  
 Date of Measurement: 12/12/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 833 feet. Direction: FNL Dist.: 1690 feet. Direction: FEL  
 Sec: 26 Twp: 6s Rng: 95w  
 \*\* If directional footage at Bottom Hole Dist.: 728 feet. Direction: FNL Dist.: 1642 feet. Direction: FEL  
 Sec: 26 Twp: 6s Rng: 95w

Field Name: PARACHUTE Field Number: 67350  
 Federal, Indian or State Lease Number: COC73094

Spud Date: (when the 1st bit hit the dirt) 06/24/2018 Date TD: 06/28/2018 Date Casing Set or D&A: 06/29/2018  
 Rig Release Date: 08/31/2018 Per Rule 308A.b.

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

Total Depth MD 9237 TVD\*\* 8530 Plug Back Total Depth MD 9194 TVD\*\* 8488

Elevations GR 5637 KB 5661 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23709

**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	104	174	0	104	VISU
SURF	13+1/2	9+5/8	36	0	1,152	300	0	1,163	VISU
1ST	8+3/4	4+1/2	11.6	0	9,227	1,960	1,364	9,237	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	
WILLIAMS FORK	5,369				
MESAVERDE	5,416				The Ohio Creek Top is the Mesaverde Top.
OHIO CREEK	5,416				The Mesaverde Top is the Ohio Creek Top.
CAMEO	8,562				
ROLLINS	8,970				

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 PA 333-26 (045-23709).

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>			
401765907	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401765906	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>			
401765900	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401765901	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401765902	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401765904	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401765905	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)