

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:
401871077

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 05-045-23914-00 County: GARFIELD
 Well Name: CLOUGH Well Number: NR 511-3
 Location: QtrQtr: NESW Section: 3 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 1853 feet Direction: FSL Distance: 1748 feet Direction: FWL
 As Drilled Latitude: 39.552619 As Drilled Longitude: -107.877336

GPS Data:
 Date of Measurement: 05/11/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1321 feet. Direction: FNL Dist.: 285 feet. Direction: FWL
 Sec: 3 Twp: 6S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 1390 feet. Direction: FNL Dist.: 260 feet. Direction: FWL
 Sec: 3 Twp: 6S Rng: 94W

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

Spud Date: (when the 1st bit hit the dirt) 07/30/2018 Date TD: 08/04/2018 Date Casing Set or D&A: 08/05/2018
 Rig Release Date: 11/25/2018 Per Rule 308A.b.

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

Total Depth MD 10679 TVD** 10013 Plug Back Total Depth MD 10637 TVD** 9970

Elevations GR 6719 KB 6743 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/PULSED NEUTRON LOG/TRIPLE COMBO IN 045-23912

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	13+1/2	9+5/8	36	0	1,125	300	0	1,135	VISU
1ST	8+3/4	4+1/2	11.6	0	10,669	1,420	4,972	10,679	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	3,931				
MESAVERDE	6,787				The Ohio Creek Top is the Mesaverde Top.
OHIO CREEK	6,787				The Mesaverde Top is the Ohio Creek Top.
WILLIAMS FORK	6,947				
CAMEO	9,673				
ROLLINS	10,571				

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 NR 43-3 (045-23912).

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 ?	
Attachment Checklist			
401871099	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401871097	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			
401871090	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401871091	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401871092	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401871093	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401871094	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401871095	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401871096	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)

