

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



DE ET OE ES

Document Number:

401880220

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: Jeff Kirtland

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (970) 263-2736

Address: PO BOX 370

Fax:

City: PARACHUTE State: CO Zip: 81635

API Number 05-045-23764-00

County: GARFIELD

Well Name: FEDERAL

Well Number: PA 434-24

Location: QtrQtr: Lot 14 Section: 19 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 1391 feet Direction: FSL Distance: 465 feet Direction: FWL

As Drilled Latitude: 39.506997 As Drilled Longitude: -107.936600

GPS Data:

Date of Measurement: 04/25/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 506 feet. Direction: FSL Dist.: 1319 feet. Direction: FEL

Sec: 24 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 432 feet. Direction: FSL Dist.: 1332 feet. Direction: FEL

Sec: 24 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) 09/04/2018 Date TD: 09/08/2018 Date Casing Set or D&A: 09/09/2018

Rig Release Date: 10/28/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8840 TVD** 8414 Plug Back Total Depth MD 8801 TVD** 8375

Elevations GR 5732 KB 5756

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, NEU, (TRIPLE COMBO and TRIPLE COMBO IN 045-23776)

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	1,133	300	0	1,143	VISU
1ST	8+3/4	4+1/2	11.6	0	8,830	1,915	1,732	8,840	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	5,241		NO		
MESAVERDE	5,296		NO		The Ohio Creek Top is the Mesaverde Top.
OHIO CREEK	5,296		NO		The Mesaverde Top is the Ohio Creek Top.
CAMEO	8,295		NO		
ROLLINS	8,741		NO		

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 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: Ashley Noonan

Title: Sr. Regulatory Analyst Date: _____ Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401880696	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401880695	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>			
401880685	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880687	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880688	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880689	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880690	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880692	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401880698	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)

