

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:

401913023

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 05-045-23944-00

County: GARFIELD

Well Name: 5-MILE RANCH

Well Number: SG 23-26

Location: QtrQtr: LOT 6 Section: 26 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1822 feet Direction: FNL Distance: 2374 feet Direction: FEL

As Drilled Latitude: 39.410692 As Drilled Longitude: -108.075763

GPS Data:

Date of Measurement: 09/13/2018 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2485 feet. Direction: FSL Dist.: 2467 feet. Direction: FWL

Sec: 26 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2479 feet. Direction: FSL Dist.: 2432 feet. Direction: FWL

Sec: 26 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/20/2018 Date TD: 11/22/2018 Date Casing Set or D&A: 11/23/2018

Rig Release Date: 11/23/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5426 TVD** 5152 Plug Back Total Depth MD 5374 TVD** 5100

Elevations GR 5076 KB 5100 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, NEU, (TRIPLE COMBO IN API 045-15385)

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 | 32.3 | 0 | 1,033 | 275 | 0 | 1,043 | VISU |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 5,416 | 1,000 | 1,834 | 5,426 | 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 | 675 | | | | |
| MESAVERDE | 2,480 | | | | The Ohio Creek Top is the Mesaverde Top. |
| OHIO CREEK | 2,480 | | | | The Mesaverde Top is the Ohio Creek Top. |
| WILLIAMS FORK | 2,557 | | | | |
| CAMEO | 4,851 | | | | |

Comment:

The GPS "as drilled" coordinates and dates of measurement is actual data of the existing well conductor location prior to the spud date.

No open hole resistivity with gamma ray log run per approved Open Hole Logging Exception.
Triple Combination Logs were run on the Specialty Restaurants SG 522-26 API (045-15385)

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> | | |
| 401914904 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 401915640 | 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> | | |
| 401913099 | PDF-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401913101 | LAS-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401913104 | LAS-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401913105 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401914129 | 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)

