

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401922558

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 05-045-23910-00 County: GARFIELD
 Well Name: CLOUGH Well Number: NR 343-3
 Location: QtrQtr: NESW Section: 3 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 1829 feet Direction: FSL Distance: 1779 feet Direction: FWL
 As Drilled Latitude: 39.552555 As Drilled Longitude: -107.877227

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.: 1953 feet. Direction: FSL Dist.: 639 feet. Direction: FEL
 Sec: 3 Twp: 6S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 1972 feet. Direction: FSL Dist.: 600 feet. Direction: FEL
 Sec: 3 Twp: 6S Rng: 94W

Field Name: RULISON Field Number: 75400
 Federal, Indian or State Lease Number: COC62160

Spud Date: (when the 1st bit hit the dirt) 10/03/2018 Date TD: 10/08/2018 Date Casing Set or D&A: 10/09/2018
 Rig Release Date: 12/08/2018 Per Rule 308A.b.

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

Total Depth MD 10610 TVD** 9957 Plug Back Total Depth MD 10566 TVD** 9913

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

List Electric Logs Run:
CBL, NEU, (TRIPLE COMBO IN API 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	1,128	300	0	1,138	VISU
1ST	8+3/4	4+1/2	11.6	0	10,600	1,415	2,450	10,610	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	3,795				
MESAVERDE	6,707				The Ohio Creek Top is the Mesaverde Top
OHIO CREEK	6,707				The Mesaverde Top is the Ohio Creek Top.
WILLIAMS FORK	6,830				
CAMEO	9,637				
ROLLINS	10,524				

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 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 ?	
Attachment Checklist			
401922577	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401922582	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			
401922565	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401922566	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401922567	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401922568	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401922579	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)

