

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



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Document Number:

401984559

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 05-045-24020-00

County: GARFIELD

Well Name: FEDERAL

Well Number: GM 343-8

Location: QtrQtr: SWNE Section: 8 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1695 feet Direction: FNL Distance: 2374 feet Direction: FEL

As Drilled Latitude: 39.454390 As Drilled Longitude: -108.130357

GPS Data:

Date of Measurement: 11/14/2018 PDOP Reading: 2.6 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2147 feet. Direction: FSL Dist.: 643 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2128 feet. Direction: FSL Dist.: 622 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number: COC24603

Spud Date: (when the 1st bit hit the dirt) 12/04/2018 Date TD: 12/31/2018 Date Casing Set or D&A: 01/01/2019

Rig Release Date: 01/28/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7230 TVD** 6666 Plug Back Total Depth MD 7188 TVD** 6526

Elevations GR 6172 KB 6196 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, NEU, (DIL in 10516)

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	30	20	52.78	0	103	172	0	104	VISU
SURF	17+1/2	13+3/8	54.5	0	1,038	390	0	1,038	VISU
1ST	8+3/4	4+1/2	11.6	0	7,220	855	1,655	7,230	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	2,347				
MESAVERDE	4,118				The Ohio Creek Top is the Mesaverde Top.
OHIO CREEK	4,118				The Mesaverde Top is the Ohio Creek Top.
WILLIAMS FORK	4,260				
CAMEO	6,594				
ROLLINS	7,004				

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.

No open hole logs were run. Dual Induction Log on GM 432-8, 05-045-10516.

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>			
401985925	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401985924	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>			
401985905	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985907	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985909	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985911	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985923	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)

