

**DRILLING COMPLETION REPORT**

Document Number:  
402018090

Date Received:

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 05-045-24136-00 County: GARFIELD  
 Well Name: FEDERAL Well Number: SG 511-22  
 Location: QtrQtr: NWNW Section: 22 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 946 feet Direction: FNL Distance: 475 feet Direction: FWL  
 As Drilled Latitude: 39.427722 As Drilled Longitude: -108.104010

GPS Data:  
 Date of Measurement: 12/07/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1138 feet. Direction: FNL Dist.: 226 feet. Direction: FWL  
 Sec: 22 Twp: 7S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 1183 feet. Direction: FNL Dist.: 238 feet. Direction: FWL  
 Sec: 22 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290  
 Federal, Indian or State Lease Number: COC58673

Spud Date: (when the 1st bit hit the dirt) 02/28/2019 Date TD: 03/02/2019 Date Casing Set or D&A: 03/03/2019  
 Rig Release Date: 04/02/2019 Per Rule 308A.b.

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

Total Depth MD 6105 TVD\*\* 6080 Plug Back Total Depth MD 6062 TVD\*\* 6037  
 Elevations GR 6091 KB 6115 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, Pulsed Neutron

**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	1,035	275	0	1,045	
1ST	8+3/4	4+1/2	11.6	0	6,095	1,677	150	6,095	

## 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	1,624				
MESAVERDE	3,304				
OHIO CREEK	3,304				
WILLIAMS FORK	3,349				
CAMEO	5,691				
ROLLINS	6,174				

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 on this well.

Per the alternative logging program for multi-well pad, an open hole gamma ray with resistivity measured while drilling (MWD) log was run on the SG 321-22 well (API# 05-045-24143-00).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Jeffrey Kirtland

Title: Regulatory Lead

Date: \_\_\_\_\_

Email: jkirtland@terraep.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402024824	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402024822	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"/>
<b>Other Attachments</b>			
402024812	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402024813	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402024817	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402024819	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402024821	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)

