

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:

402043841

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 05-045-23693-00

County: GARFIELD

Well Name: CHEVRON

Well Number: TR 343-22-597

Location: QtrQtr: NESW Section: 22 Township: 5S Range: 97W Meridian: 6

Footage at surface: Distance: 1352 feet Direction: FSL Distance: 2406 feet Direction: FWL

As Drilled Latitude: 39.595614 As Drilled Longitude: -108.265168

GPS Data:

Date of Measurement: 01/05/2018 PDOP Reading: 1.5 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2493 feet. Direction: FSL Dist.: 2500 feet. Direction: FEL

Sec: 22 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2471 feet. Direction: FSL Dist.: 2542 feet. Direction: FEL

Sec: 22 Twp: 5S Rng: 97W

Field Name: TRAIL RIDGE

Field Number: 83825

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/04/2019 Date TD: 03/22/2019 Date Casing Set or D&A: 03/23/2019

Rig Release Date: 03/25/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9557 TVD** 9436 Plug Back Total Depth MD 9516 TVD** 9394

Elevations GR 8135 KB 8159 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, NEU, (Triple Combo 045-23698)

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	60	141	0	60	VISU
SURF	14+3/4	9+5/8	36	0	2,905	1,417	0	2,905	VISU
1ST	8+3/4	4+1/2	11.6	0	9,547	1,499	1,680	9,547	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	2,905				
WASATCH G	4,212				
MESAVERDE	5,865				The Ohio Creek Top is the Mesaverde
OHIO CREEK	5,865				The Mesaverde Top is the Ohio Creek
WILLIAMS FORK	5,900				
CAMEO	8,450				
ROLLINS	8,795				
COZZETTE	8,990				
CORCORAN	9,187				

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 ?
<u>Attachment Checklist</u>		
402043873	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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>		
402043868	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402043869	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402043870	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402043871	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402043872	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)

