

FORM  
5

Rev  
10/14

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402196137

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 96850

Contact Name: Jeff Kirtland

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (970) 263-273

Address: PO BOX 370

Fax:

City: PARACHUTE

State: CO

Zip: 81635

Email: anoonan@terraep.com

API Number 05-045-24035-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 442-18

Location: QtrQtr: LOT 4

Section: 17

Township: 6S

Range: 94W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 541 feet

Direction: FNL

Distance: 21 feet

Direction: FWL

As Drilled Latitude: 39.530943

As Drilled Longitude: -107.921224

GPS Data:

Date of Measurement: 04/23/2019

PDOP Reading: 2.3

GPS Instrument Operator's Name: J. KIRKPATRICK

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 1729 feet

Direction: FNL

Dist: 137 feet

Direction: FEL

Sec: 18

Twp: 6S

Rng: 94W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 1862 feet

Direction: FNL

Dist: 123 feet

Direction: FEL

Sec: 18

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) 05/14/2019

Date TD: 05/19/2019

Date Casing Set or D&A: 05/21/2019

Rig Release Date: 08/08/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9112

TVD\*\* 8938

Plug Back Total Depth MD 9070

TVD\*\* 8896

Elevations GR 6175

KB 6199

Digital Copies of ALL Logs must be Attached per Rule 308A

☒

List Electric Logs Run:

CBL, NEU, Triple Combo

**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             | 84            | 140       | 0       | 84      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 0             | 1,108         | 300       | 0       | 1,118   | VISU   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 9,102         | 1,150     | 3,636   | 9,112   | 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      | 2,776          |        |                  |       |   |
| WASATCH        | 4,706          |        |                  |       |   |
| MESAVERDE      | 5,381          |        |                  |       |   |
| OHIO CREEK     | 5,381          |        |                  |       |   |
| WILLIAMS FORK  | 5,473          |        |                  |       |   |
| CAMEO          | 8,088          |        |                  |       |   |
| ROLLINS        | 8,983          |        |                  |       |   |

## Operator Comments:

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.

Triple Combination 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> |                        |   |
| 402196713                   | CMT Summary *          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 402196735                   | 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>    |                        |   |
| 402196694                   | PDF-GAMMA RAY          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402196696                   | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402196699                   | LAS-GAMMA RAY          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402196700                   | LAS-PULSED NEUTRON     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402196702                   | PDF-PULSED NEUTRON     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402196706                   | LAS-CBL 1ST RUN        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402196709                   | PDF-CBL 1ST RUN        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402203516                   | 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)

