

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:
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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) 263-2736
Address: PO BOX 370 Fax: _____
City: PARACHUTE State: CO Zip: 81635 Email: jkirtland@terraep.com

API Number 05-045-24100-00 County: GARFIELD
Well Name: PUCKETT Well Number: GM 14-8
Location: QtrQtr: NESW Section: 8 Township: 7S Range: 96W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2253 feet Direction: FSL Distance: 2229 feet Direction: FWL
As Drilled Latitude: 39.450749 As Drilled Longitude: -108.132698

GPS Data:
Date of Measurement: 11/14/2018 PDOP Reading: 2.6 GPS Instrument Operator's Name: J. KIRKPATRICK
FNL/FSL _____ FEL/FWL _____

** If directional footage at Top of Prod. Zone Dist: 1368 feet Direction: FSL Dist: 1494 feet Direction: FWL
Sec: 8 Twp: 7S Rng: 96W
FNL/FSL _____ FEL/FWL _____

** If directional footage at Bottom Hole Dist: 1327 feet Direction: FSL Dist: 1479 feet Direction: FWL
Sec: 8 Twp: 7S Rng: 96W

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

Spud Date: (when the 1st bit hit the dirt) 10/25/2019 Date TD: 10/26/2019 Date Casing Set or D&A: 10/27/2019
Rig Release Date: 11/14/2019 Per Rule 308A.b.

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

Total Depth MD 6691 TVD** 6531 Plug Back Total Depth MD 6651 TVD** 6491
Elevations GR 6281 KB 6305 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, NEU, (RES 045-24094)

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	87	105	0	87	VISU
SURF	13+1/2	9+5/8	36	0	1,010	275	0	1,010	VISU
1ST	8+3/4	4+1/2	11.6	0	6,681	805	1,864	6,681	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	2,190				
MESAVERDE	3,764				
OHIO CREEK	3,764				
WILLIAMS FORK	3,873				
CAMEO	6,135				
ROLLINS	6,619				

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.

Alternative Logging Program: Open hole logs were run. Resistivity Gamma Ray log was run on GM 514-8 (045-24094)

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			
402279614	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402279616	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			
402279608	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279609	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279610	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279612	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279617	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)

