

FORM
5

Rev
02/20

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:

401638627

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 05-045-23653-00 County: GARFIELD
Well Name: TRI STATE TRUCKING Well Number: PA 414-24
Location: QtrQtr: SENW Section: 25 Township: 6S Range: 95W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2285 feet Direction: FNL Distance: 1940 feet Direction: FWL
As Drilled Latitude: 39.496885 As Drilled Longitude: -107.949543
GPS Data: GPS Quality Value: 2.5 Type of GPS Quality Value: _____ Date of Measurement: 10/03/2017
GPS Instrument Operator's Name: J. Kirkpatrick FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 608 feet Direction: FSL Dist: 393 feet Direction: FWL
Sec: 25 Twp: 6S Rng: 95W FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 601 feet Direction: FSL Dist: 941 feet Direction: FWL
Sec: 25 Twp: 6S Rng: 95W
Field Name: PARACHUTE Field Number: 67350
Federal, Indian or State Lease Number: COC73094

Spud Date: (when the 1st bit hit the dirt) 02/13/2018 Date TD: 02/19/2018 Date Casing Set or D&A: 01/19/2018
Rig Release Date: 03/30/2018 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 8925 TVD** 8010 Plug Back Total Depth MD 8884 TVD** 7969

Elevations GR 5224 KB 5248 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, NEU (TRIPLE COMBO IN 045-23663)

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 | 100 | 0 | 84 | VISU |
| SURF | 13+1/2 | 9+5/8 | 32.3 | 0 | 1,131 | 300 | 0 | 1,141 | VISU |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 8,915 | 2,010 | 1,150 | 8,925 | 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 | 2,236 | | | | |
| MESAVERDE | 5,210 | | | | The Ohio Creek Top is the Mesaverde Top. |
| OHIO CREEK | 5,210 | | | | The Mesaverde Top is the Ohio Creek Top. |
| WILLIAMS FORK | 5,326 | | | | |
| CAMEO | 8,341 | | | | |
| ROLLINS | 8,763 | | | | |

Operator Comments:

The GPS "as drilled" coordinates and date of measurement is actual data of the existing well conductor location prior to the spud date.

No Open Hole Logs were run on this well. Triple Combination Logs were run on the PA421-25 (045-23663).

No MUD logs were run on this well.

Resubmitted to update Directional Survey attachment error.

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

Signed: _____

Print Name: Jeff Kirtland

Title: Regulatory Lead

Date: _____

Email: jkirtland@terraep.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 401638654 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401638653 | 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> | | | |
| 401638639 | LAS-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401638641 | PDF-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401638642 | LAS-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401638643 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401638649 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|---------------------|
| Permit | Returned to draft - Unable to open Directional Survey. | 02/26/2020 |
| Permit | Returned to draft - There is no Triple-Combo in 45-23642. Drilling tab list of electric logs is incorrect. Submit tab comment is incorrect. | 01/23/2020 |

Total: 2 comment(s)

