

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:

402345398

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 Kirkland
Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2736
Address: PO BOX 370 Fax:
City: PARACHUTE State: CO Zip: 81635 Email: jkirkland@terraep.com

API Number 05-045-24271-00 County: GARFIELD
Well Name: FEDERAL Well Number: RWF 23-12
Location: QtrQtr: LOT 5 Section: 12 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 2039 feet Direction: FNL Distance: 1261 feet Direction: FWL
As Drilled Latitude: 39.541959 As Drilled Longitude: -107.841620
GPS Data: GPS Quality Value: 3.2 Type of GPS Quality Value: PDOP Date of Measurement: 11/07/2019
GPS Instrument Operator's Name: W. Kirkpatrick
** If directional footage at Top of Prod. Zone Dist: 2108 feet Direction: FSL Dist: 2107 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 1970 feet Direction: FSL Dist: 2019 feet Direction: FEL
Field Name: RULISON Field Number: 75400
Federal, Indian or State Lease Number: COC027822

Spud Date: (when the 1st bit hit the dirt) 11/27/2019 Date TD: 12/02/2019 Date Casing Set or D&A: 12/02/2019
Rig Release Date: 03/03/2020 Per Rule 308A.b.

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

Total Depth MD 9277 TVD** 8765 Plug Back Total Depth MD 9235 TVD** 8724
Elevations GR 5467 KB 5491 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, NEU, (DEN/NEU in 045-24269)

Empty box for additional information or notes.

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	1,040	275	0	1,041	CBL
1ST	8+3/4	4+1/2	11.6	0	9,267	1,245	2,361	9,277	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	2,672				
WASATCH	4,640				
OHIO CREEK	5,089				
WILLIAMS FORK	5,376				
CAMEO	8,366				
ROLLINS	9,183				

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: No open hole logs were run. Density Neutron log was run on RWF 432-11 (API 045-24269).

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>			
402345521	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402346145	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>			
402345530	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345537	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345538	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345540	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345544	PDF-CBL 1ST RUN	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)

