

FORM
5Rev
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:

402345594

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 05-045-24273-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 423-12

Location: QtrQtr: LOT 5

Section: 12

Township: 6S

Range: 94W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2032 feet

Direction: FNL

Distance: 1264 feet

Direction: FWL

As Drilled Latitude: 39.541978

As Drilled Longitude: -107.841609

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

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 2186 feet

Direction: FSL

Dist: 1931 feet

Direction: FWL

Sec: 12

Twp: 6S

Rng: 94W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 2054 feet

Direction: FSL

Dist: 1931 feet

Direction: FWL

Sec: 12

Twp: 6S

Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC027822

Spud Date: (when the 1st bit hit the dirt) 12/03/2019

Date TD: 12/07/2019

Date Casing Set or D&A: 12/09/2019

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 8937

TVD** 8744

Plug Back Total Depth MD 8896

TVD** 8703

Elevations GR 5467

KB 5491

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

☒

List Electric Logs Run:

CBL, NEU, Triple Combo (DEN/NEU in 045-24269)

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	24	18	47.44	0	84	140	0	84	VISU
SURF	13+1/2	9+5/8	36	0	1,042	275	0	1,042	CBL
1ST	8+3/4	4+1/2	11.6	0	8,927	1,245	2,265	8,937	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	2,355				
WASATCH	4,329				
OHIO CREEK	4,740				
WILLIAMS FORK	5,030				
CAMEO	7,994				
ROLLINS	8,820				

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: Ashely Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402345629	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402346204	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>			
402345624	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345626	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345627	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345628	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345633	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402346609	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402346610	PDF-TRIPLE COMBINATION	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)

