

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:

402357445

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 05-045-24276-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 424-1

Location: QtrQtr: LOT 5 Section: 12 Township: 6S Range: 94W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1987 feet Direction: FNL Distance: 1274 feet Direction: FWL

As Drilled Latitude: 39.542101 As Drilled Longitude: -107.841572

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: 372 feet Direction: FSL Dist: 1977 feet Direction: FWL
Sec: 1 Twp: 6S Rng: 94W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 527 feet Direction: FSL Dist: 1959 feet Direction: FWL
Sec: 1 Twp: 6S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC073085

Spud Date: (when the 1st bit hit the dirt) 02/13/2020 Date TD: 02/18/2020 Date Casing Set or D&A: 02/20/2020

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 9530 TVD** 8894 Plug Back Total Depth MD 9492 TVD** 8856

Elevations GR 5467 KB 5491

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	1,040	275	0	1,041	CBL
1ST	8+3/4	4+1/2	11.6	0	9,523	1,260	2,758	9,533	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	2,743				
WASATCH	4,892				
OHIO CREEK	5,321				
WILLIAMS FORK	5,614				
CAMEO	8,611				
ROLLINS	9,437				

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.

A Triple Combination log was 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>					
402359994	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402389174	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>					
402357477	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402357481	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402359991	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402389172	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402389173	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402392482	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402392483	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)

