

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:

402416218

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: <u>96850</u>	Contact Name: <u>Jeff Kirtland</u>
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2736</u>
Address: <u>PO BOX 370</u>	Fax: _____
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>jkirtland@terraep.com</u>

API Number <u>05-045-24011-00</u>	County: <u>GARFIELD</u>
Well Name: <u>STRAIT BOTTOM RANCH</u>	Well Number: <u>SG 12-22</u>
Location: QtrQtr: <u>LOT 8</u> Section: <u>22</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2101</u> feet Direction: <u>FSL</u> Distance: <u>1667</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.421604</u> As Drilled Longitude: <u>-108.099791</u>	
GPS Data: GPS Quality Value: <u>3.2</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>06/06/2019</u>	
GPS Instrument Operator's Name: <u>J. Kirkpatrick</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>1579</u> feet Direction: <u>FNL</u> Dist: <u>371</u> feet Direction: <u>FWL</u>	
Sec: <u>22</u> Twp: <u>7S</u> Rng: <u>96W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>1496</u> feet Direction: <u>FNL</u> Dist: <u>333</u> feet Direction: <u>FWL</u>	
Sec: <u>22</u> Twp: <u>7S</u> Rng: <u>96W</u>	
Field Name: <u>GRAND VALLEY</u> Field Number: <u>31290</u>	
Federal, Indian or State Lease Number: <u>COC58673</u>	

Spud Date: (when the 1st bit hit the dirt) 03/13/2020 Date TD: 03/16/2020 Date Casing Set or D&A: 03/16/2020
 Rig Release Date: 04/17/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6438 TVD** 5876 Plug Back Total Depth MD 6394 TVD** 5831

Elevations GR 5665 KB 5689 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, NEU, (DEN/NEU in 045-22288)

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	80	134	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,002	275	0	1,014	CBL
1ST	8+3/4	4+1/2	11.6	0	6,428	1,137	2,671	6,438	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	1,320				
WASATCH	2,301				
OHIO CREEK	3,322				
WILLIAMS FORK	3,322				
CAMEO	5,826				
ROLLINS	6,314				

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 SG 513-22 (API 045-22288).

Please note, the cement coverage COA from the original Form 2 was amended by Aaron Katz per the attached email to "a minimum of 200' above the Mesaverde or Ohio Creek if present for the SG 23-22 pad."

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			
402416244	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402416243	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			
402416238	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402416239	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402416241	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402416242	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402416246	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402438754	CORRESPONDENCE	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)

