



WELL CONTROL REPORT

As required by Rule 327.

Accident Tracking No.:

402461336

CONTACT INFORMATION

1. OGCC Operator Number: <u>96850</u>	4 Contact Name: <u>Lynn Cass</u>
2. Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 755-0083</u>
3. Address: <u>PO BOX 370</u>	Fax: <u>()</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>LCass@terraep.com</u>

WELL INFORMATION

5. API Number: 05- 045-24209 6. County: GARFIELD
 7. Well Name: FEDERAL 8. Welly Number: PA 432-13
 9. Unit Name: _____ 10. Unit Number: ` _____
 11. Location: QTRQTR: SESE Sec: 13 Twp: 6S Rng: 95W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: _____ feet, Direction: _____ Distance: _____ feet, Direction: _____
 13. Field Name: PARACHUTE 14. Field Number: 67350

CURRENT WELLBORE INFORMATION

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26+0/0	18+0/0	47	0	84	134	0	84	VISU
SURF	13+1/2	9+5/8	36	0	1,118	295	0	1,118	VISU

WELL CONTROL INFORMATION

17. Type of Well Control: Drilling

18. True Vertical Depth at Well Control Event:: 8149 feet.

19. Formation at Well Control Event: CAMEO COALS-

20. Formation Code: CAMMV

21. Shut-in Drill Pipe Pressure (SIDPP): 125 psi.

22. Shut-in Casing Pressure (SICP): 300 psi.

23. Mud Weight at Time of Well Control Events: 10.4 ppg.

24. Pit Gain: 15 lbs.

25. Time Shut-in: 05:10 AM Date Shut-in: 08/04/2020

26. Mud Weight Required for Well Control: 10.8 ppg.

27. Fluid Type of In-Flow: Gas

28. Comments (describe actions taken to provide well control in detail)

Rig was drilling at MD of 8911 (8149 TVD), when the driller observed a pit gain. Well was shut in and pressures were recorded with SIDPP-125 psi, and SICP-300 psi. The pit gain was 15 bbls. Gas was then circulated out using the drillers method. Mud weight was raised to 10.8 ppg in/out. Performed flow check and well was static. The rig then resumed to drilling operations. Well was drilled to TD of 10,112' with a 10.8-10.9 mw. Rig then POH and ran production casing with no issues and cemented in place. Released rig to next well.

OPERATOR COMMENTS and SUBMITTAL

Call with questions. Thank you.
L. Cass - 970-755-0083

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Lynn Cass Email: LCass@terraep.com
Signature: _____ Title: Drlg Supt Date: _____

CONDITIONS OF APPROVAL

<u>COA Type</u>	<u>Description</u>

ATTACHMENT CHECK LIST

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

GENERAL COMMENTS

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)