

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:

402499513

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) 2632736

Address: PO BOX 370

Fax:

City: PARACHUTE

State: CO

Zip: 81635

Email: jkirtland@terraep.com

API Number 05-045-24198-00

County: GARFIELD

Well Name: FEDERAL

Well Number: PA 524-13

Location: QtrQtr: SESE Section: 13 Township: 6S Range: 95W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1078 feet Direction: FSL Distance: 1013 feet Direction: FEL

As Drilled Latitude: 39.520569 As Drilled Longitude: -107.941823

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 12/13/2018

GPS Instrument Operator's Name: J. KIRKPATRICK

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 41 feet Direction: FSL Dist: 2027 feet Direction: FWL
Sec: 13 Twp: 6S Rng: 95W** If directional footage at Bottom Hole Dist: 8 feet Direction: FNL Dist: 1996 feet Direction: FWL
Sec: 13 Twp: 6S Rng: 95W

Field Name: PARACHUTE

Field Number: 67350

Federal, Indian or State Lease Number: COC73094

Spud Date: (when the 1st bit hit the dirt) 05/21/2020 Date TD: 05/25/2020 Date Casing Set or D&A: 05/26/2020

Rig Release Date: 08/19/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 9881 TVD** 9377 Plug Back Total Depth MD 9840 TVD** 9336

Elevations GR 6571 KB 6959

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

List Electric Logs Run:

CBL, NEU, (DEN/NEU IN 045-24123)

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	108	140	0	84	VISU
SURF	13+1/2	9+5/8	36	0	1,227	295	0	1,137	VISU
1ST	8+3/4	4+1/2	11.6	0	9,871	951	4,878	9,881	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	3,726				
WASATCH	5,683				
OHIO CREEK	6,301				
WILLIAMS FORK	6,301				
CAMEO	8,872				
ROLLINS	9,832				

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 Federal PA 531-13(API 045-24123)

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: Senior Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402500272	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402500279	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>					
402500262	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402500265	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402500268	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402500270	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402500281	DIRECTIONAL DATA	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)

