

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:

402511005

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 05-045-24210-00

County: GARFIELD

Well Name: FEDERAL

Well Number: PA 333-13

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

Footage at surface: Distance: 1116 feet Direction: FSL Distance: 1014 feet Direction: FEL

As Drilled Latitude: 39.520680 As Drilled Longitude: -107.941880

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: 2469 feet Direction: FSL Dist: 2049 feet Direction: FWL
Sec: 13 Twp: 6S Rng: 95W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 2426 feet Direction: FSL Dist: 2054 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) 07/05/2020 Date TD: 07/09/2020 Date Casing Set or D&A: 07/12/2020

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 9989 TVD** 9420 Plug Back Total Depth MD 7982 TVD** 7413

Elevations GR 6571 KB 6595

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

List Electric Logs Run:

CBL, (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	1,124	295	0	1,125	VISU
1ST	8+3/4	4+1/2	11.6	0	8,004	951	6,457	8,004	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	3,776				
WASATCH	5,757				
OHIO CREEK	6,399				
WILLIAMS FORK	6,399				

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 NoonanTitle: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402512097	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402512096	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>		
402512087	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402512091	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402512095	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)

