

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:

402511113

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) 2632736</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>05-045-24203-00</u>	County: <u>GARFIELD</u>
Well Name: <u>FEDERAL</u>	Well Number: <u>PA 334-13</u>
Location: QtrQtr: <u>SESE</u> Section: <u>13</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>1095</u> feet Direction: <u>FSL</u> Distance: <u>1008</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.520620</u> As Drilled Longitude: <u>-107.941810</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>12/13/2018</u>	
GPS Instrument Operator's Name: <u>J. Kirkpatrick</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>1260</u> feet Direction: <u>FSL</u> Dist: <u>2041</u> feet Direction: <u>FWL</u>	
Sec: <u>13</u> Twp: <u>6S</u> Rng: <u>95W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>1210</u> feet Direction: <u>FSL</u> Dist: <u>2034</u> feet Direction: <u>FWL</u>	
Sec: <u>13</u> Twp: <u>6S</u> Rng: <u>95W</u>	
Field Name: <u>PARACHUTE</u> Field Number: <u>67350</u>	
Federal, Indian or State Lease Number: <u>COC73094</u>	

Spud Date: (when the 1st bit hit the dirt) 06/17/2020 Date TD: 06/21/2020 Date Casing Set or D&A: 06/21/2020  
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 <u>9837</u> TVD** <u>9414</u> Plug Back Total Depth MD <u>9795</u> TVD** <u>9372</u>
Elevations GR <u>6571</u> KB <u>6595</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

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	1,126	295	0	1,126	VISU
1ST	8+3/4	4+1/2	11.6	0	9,827	951	4,766	9,837	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	3,676				
WASATCH	5,594				
OHIO CREEK	6,235				
WILLIAMS FORK	6,235				
CAMEO	8,816				
ROLLINS	9,766				

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: Sr. Regulatory Analyst \_\_\_\_\_

Date: \_\_\_\_\_

Email: [anoonan@terraep.com](mailto:anoonan@terraep.com)

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402512125	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402512124	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"/>
<b>Other Attachments</b>			
402511161	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511163	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511164	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511166	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511191	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)

