

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:

402511127

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 05-045-24200-00 County: GARFIELD
Well Name: FEDERAL Well Number: PA 324-13
Location: QtrQtr: SESE Section: 13 Township: 6S Range: 95W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1092 feet Direction: FSL Distance: 1017 feet Direction: FEL
As Drilled Latitude: 39.520610 As Drilled Longitude: -107.941840
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: 652 feet Direction: FSL Dist: 2019 feet Direction: FWL
Sec: 13 Twp: 6S Rng: 95W FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 607 feet Direction: FSL Dist: 2008 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) 06/12/2020 Date TD: 06/16/2020 Date Casing Set or D&A: 06/16/2020
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 9828 TVD** 9395 Plug Back Total Depth MD 9787 TVD** 9355

Elevations GR 6571 KB 6595 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	1,126	295	0	1,126	VISU
1ST	8+3/4	4+1/2	11.6	0	9,818	951	4,821	9,828	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	3,689				
WASATCH	5,570				
OHIO CREEK	6,241				
WILLIAMS FORK	6,241				
CAMEO	8,805				

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402512134	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402512132	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>			
402511175	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511176	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511179	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511180	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402511183	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft - Incorrect directional survey attached.	12/01/2020

Total: 1 comment(s)

