

**FORM**  
**5**  
Rev  
11/20

**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:  
**402533877**  
  
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 05-045-24304-00 County: GARFIELD  
Well Name: FEDERAL Well Number: PA 323-23  
Location: QtrQtr: LOT 2 Section: 26 Township: 6S Range: 95W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 1127 feet Direction: FNL Distance: 2197 feet Direction: FEL  
As Drilled Latitude: 39.500060 As Drilled Longitude: -107.964200  
GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 07/01/2020  
FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 1509 feet Direction: FSL Dist: 1920 feet Direction: FWL  
Sec: 23 Twp: 6S Rng: 95W  
FNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 1599 feet Direction: FSL Dist: 1799 feet Direction: FWL  
Sec: 23 Twp: 6S Rng: 95W  
Field Name: PARACHUTE Field Number: 67350  
Federal, Indian or State Lease Number: COC073094

Spud Date: (when the 1st bit hit the dirt) 08/28/2020 Date TD: 09/01/2020 Date Casing Set or D&A: 09/01/2020  
Rig Release Date: 10/10/2020 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 9120 TVD\*\* 8256 Plug Back Total Depth MD 9083 TVD\*\* 8219  
Elevations GR 5486 KB 5510 Digital Copies of ALL Logs must be Attached

List All Logs Run:  
CBL, (DEN/NEU IN 05-045-24301)

### CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	18	na	47.44	0	83	179	83	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1126	295	1126	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	9115	1256	9115	2428	CBL

Bradenhead Pressure Action Threshold 338 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

This well was drilled prior to the effective date of this rule. However TEP's casing program will comply with this rule as of Dec 10, 2020.

### 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	2,730				
WASATCH	4,914				
OHIO CREEK	5,536				
WILLIAMS FORK	5,536				
CAMEO	8,122				
ROLLINS	9,084				

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 14-23 (API 05-045-24301).

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>			
402533917	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402533915	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>			
402533899	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402533911	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402533914	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)

