

**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:

402534491

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 05-045-24309-00

County: GARFIELD

Well Name: FEDERAL

Well Number: PA 514-23

Location: QtrQtr: LOT 2 Section: 26 Township: 6S Range: 95W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1160 feet Direction: FNL Distance: 2176 feet Direction: FEL

As Drilled Latitude: 39.499970 As Drilled Longitude: -107.964130

GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 07/01/2020

** If directional footage at Top of Prod. Zone Dist: 140 feet Direction: FSL Dist: 1121 feet Direction: FWL
Sec: 23 Twp: 6S Rng: 95W** If directional footage at Bottom Hole Dist: 159 feet Direction: FSL Dist: 964 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) 09/28/2020 Date TD: 10/01/2020 Date Casing Set or D&A: 10/02/2020

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 8880 TVD** 8173 Plug Back Total Depth MD 8838 TVD** 8131

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	1125	295	1137	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	8870	1252	8870	1611	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	2,606				
WASATCH	4,677				
OHIO CREEK	5,339				
WILLIAMS FORK	5,339				
CAMEO	7,885				
ROLLINS	8,844				

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>			
402534500	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402534499	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>			
402534495	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402534496	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402534498	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)

