

FORM  
5Rev  
12/20

## 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:

402590974

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) 263-2736

Address: PO BOX 370

Fax:

City: PARACHUTE

State: CO

Zip: 81635

Email: jkirtland@terraep.com

API Number 05-045-24318-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 321-8

Location: QtrQtr: NESE Section: 8 Township: 6S Range: 94W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 2487 feet Direction: FSL Distance: 333 feet Direction: FEL

As Drilled Latitude: 39.539288 As Drilled Longitude: -107.903796

GPS Data: GPS Quality Value: 2.7 Type of GPS Quality Value: PDOP Date of Measurement: 07/01/2020

\*\* If directional footage at Top of Prod. Zone Dist: 605 feet Direction: FNL Dist: 2364 feet Direction: FWL  
Sec: 8 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist: 582 feet Direction: FNL Dist: 2262 feet Direction: FWL  
Sec: 8 Twp: 6S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC73085

Spud Date: (when the 1st bit hit the dirt) 11/20/2020 Date TD: 11/23/2020 Date Casing Set or D&amp;A: 11/24/2020

Rig Release Date: 12/06/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 10098 TVD\*\* 8918 Plug Back Total Depth MD 10056 TVD\*\* 8876

Elevations GR 5980 KB 6004

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, (Triple Combo 045-24314)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): Fresh Water (bbls):

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

**CASING, LINER AND CEMENT**

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	18	A-52A	47.44	0	107	139	107	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1041	268	1041	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	10088	1141	10098	3694	CBL

Bradenhead Pressure Action Threshold 312 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? Yes

If "NO", provide details below.

**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	3,078				
WASATCH	5,599				
OHIO CREEK	6,316				
WILLIAMS FORK	6,795				
CAMEO	9,119				
ROLLINS	10,008				

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. Triple Combo log was run on Federal RWF 21-8(API 045-24314).

Well was drilled before rule Rule 431.b was placed into effect 01/15/2021. Terra will report drilling fluid volumes on future filings.

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>		
402591002	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402592143	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>		
402590995	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402590999	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402591000	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)

