

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:

1716034

Date Received:

07/27/2009

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>ANNIE SMITH</u>
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 606-4363</u>
Address: <u>PO BOX 370</u>	Fax: <u>(303) 629-8285</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>annie.smith@wpenergy.com</u>

API Number <u>05-045-14784-00</u>	County: <u>GARFIELD</u>
Well Name: <u>AP</u>	Well Number: <u>344-14-696</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>14</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>152</u> feet Direction: <u>FSL</u> Distance: <u>1753</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.516190</u> As Drilled Longitude: <u>-108.073651</u>	
GPS Data: GPS Quality Value: <u>1.8</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>02/27/2008</u>	
GPS Instrument Operator's Name: <u>MARK BESSIE</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>734</u> feet Direction: <u>FSL</u> Dist: <u>441</u> feet Direction: <u>FEL</u>	
Sec: <u>14</u> Twp: <u>6S</u> Rng: <u>96W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>732</u> feet Direction: <u>FSL</u> Dist: <u>455</u> feet Direction: <u>FEL</u>	
Sec: <u>14</u> Twp: <u>6S</u> Rng: <u>96W</u>	
Field Name: <u>PARACHUTE</u> Field Number: <u>67350</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 05/27/2008 Date TD: 09/03/2008 Date Casing Set or D&A: 09/03/2008
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD <u>8852</u> TVD** <u>8852</u> Plug Back Total Depth MD <u>8850</u> TVD** <u>8850</u>
Elevations GR <u>6664</u> KB <u>6685</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:

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	24	18	48	0	60	100	0	60	
SURF	14+3/4	9+5/8	32.3	0	2,521	530	0	2,521	
1ST	7+7/8	4+1/2	11.6	0	8,837	931	7,235	8,837	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	
MESAVERDE	5,522		NO	NO	SURFACE PRESSURE = 0#
CAMEO	8,252		NO	NO	TOP GAS MV: 6628
ROLLINS	8,733		NO	NO	

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____ Print Name: ANNIE SMITH _____

Title: ENGINEERING Date: 8/10/2010 Email: annie.smith@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2069269	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
1716034	FORM 5 SUBMITTED	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)

