

FORM
5Rev
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:

1988961

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: 96850 Contact Name: ANNIE SMITH
Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (303) 572-3900
Address: PO BOX 370 Fax: (303) 629-8265
City: PARACHUTE State: CO Zip: 81635 Email: _____

API Number 05-045-14775-00 County: GARFIELD
Well Name: AP Well Number: 44-14-696
Location: QtrQtr: SWSE Section: 14 Township: 6S Range: 96W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 159 feet Direction: FSL Distance: 1753 feet Direction: FEL
As Drilled Latitude: 39.516213 As Drilled Longitude: -108.073650
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 02/27/2009
GPS Instrument Operator's Name: MARK BESSIE FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1358 feet Direction: FSL Dist: 596 feet Direction: FEL
Sec: 14 Twp: 6S Rng: 96W FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1317 feet Direction: FSL Dist: 615 feet Direction: FEL
Sec: 14 Twp: 6S Rng: 96W FNL/FSL FEL/FWL
Field Name: PARACHUTE Field Number: 67350
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/21/2008 Date TD: 07/07/2008 Date Casing Set or D&A: 07/07/2008
Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9045 TVD** 8721 Plug Back Total Depth MD 8871 TVD** 8547
Elevations GR 6664 KB 6685 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL (2), RMTE, MUD

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	36	0	2,481	560	0	2,481	
1ST	7+7/8	4+1/2	11.6	0	8,926	305	7,100	8,926	CBL
2ND		3							

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	5,555		NO	NO	SURFACE PRESSURE = 0#
CAMEO	8,344		NO	NO	TOP GAS MV 6616
ROLLINS	8,760		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: ENG TECH _____

Date: 8/4/2010 _____

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"/>
2069268	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>					
1988961	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

