

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:

402619472

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 05-045-24351-00

County: GARFIELD

Well Name: CHEVRON

Well Number: GM 31-19

Location: QtrQtr: SWNW Section: 20 Township: 6S Range: 96W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1904 feet Direction: FNL Distance: 633 feet Direction: FWL

As Drilled Latitude: 39.511829 As Drilled Longitude: -108.139623

GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/02/2020

\*\* If directional footage at Top of Prod. Zone Dist: 99 feet Direction: FNL Dist: 1836 feet Direction: FEL  
Sec: 19 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist: 89 feet Direction: FNL Dist: 1901 feet Direction: FEL  
Sec: 19 Twp: 6S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number: COC023794

Spud Date: (when the 1st bit hit the dirt) 12/19/2020 Date TD: 12/22/2020 Date Casing Set or D&amp;A: 12/22/2020

Rig Release Date: 01/29/2021 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7873 TVD\*\* 6879 Plug Back Total Depth MD 7833 TVD\*\* 6839

Elevations GR 5752 KB 5776

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, NUE, (DEN/NEU on 045-24351)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 3551

Fresh Water (bbls): 2320

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1231

**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	30	20	X65	78.67	0	84	199	84	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1029	268	1029	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	7866	734	7873	3189	CBL

Bradenhead Pressure Action Threshold 309 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	2,686				
WASATCH	3,572				
OHIO CREEK	4,749				
WILLIAMS FORK	5,036				
CAMEO	7,067				
ROLLINS	7,802				

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 Chevron GM 31-19 (API 045-24351).

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>					
402642148	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402642152	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>					
402623352	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402623353	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402623354	PDF-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402623360	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402623361	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402623362	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402623384	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)