

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:

402786491

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) 263-2763

Address: PO BOX 370

Fax:

City: PARACHUTE

State: CO

Zip: 81635

Email: jkirtland@terraep.com

API Number 05-103-12463-00

County: RIO BLANCO

Well Name: FEDERAL

Well Number: RG 344-7-297

Location: QtrQtr: NWNE

Section: 18

Township: 2S

Range: 97W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 661 feet

Direction: FNL

Distance: 2094 feet

Direction: FEL

As Drilled Latitude: 39.881809

As Drilled Longitude: -108.322701

GPS Data: GPS Quality Value: 2.4

Type of GPS Quality Value: PDOP

Date of Measurement: 12/24/2020

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 265 feet

Direction: FSL

Dist: 620 feet

Direction: FEL

Sec: 7

Twp: 2S

Rng: 97W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 152 feet

Direction: FSL

Dist: 750 feet

Direction: FEL

Sec: 7

Twp: 2S

Rng: 97W

Field Name: SULPHUR CREEK

Field Number: 80090

Federal, Indian or State Lease Number: COC057285

Spud Date: (when the 1st bit hit the dirt) 02/27/2021

Date TD: 06/12/2021

Date Casing Set or D&amp;A: 06/13/2021

Rig Release Date: 07/28/2021 Per Rule 308A.b.

Well Classification:



Dry



Oil



Gas/Coalbed



Disposal



Stratigraphic



Enhanced Recovery



Storage



Observation

Total Depth MD 12199

TVD\*\* 11984

Plug Back Total Depth MD 12157

TVD\*\* 11942

Elevations GR 6621

KB 6651

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, NEU, (DEN/NEU in 103-10906)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 7089

Fresh Water (bbls): 8580

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1491

**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	30	20	X65	78.67	0	84	199	84	0	VISU
SURF	17+1/2	13+3/8	J-55	54.5	0	1423	606	1440	0	VISU
1ST	12+1/4	9+5/8	J-55	36	0	3317	221	3317	1820	CBL
2ND	8+3/4	4+1/2	P-110	11.6	0	12191	1647	12199	4450	CBL

Bradenhead Pressure Action Threshold 427 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	2,666		NO	NO	
WASATCH G	5,316		NO	NO	
OHIO CREEK	7,178		NO	NO	
WILLIAMS FORK	7,962		NO	NO	
CAMEO	10,646		NO	NO	
ROLLINS	11,071		NO	NO	
COZZETTE	11,223		NO	NO	
CORCORAN	11,561		NO	NO	
SEGO	11,806		NO	NO	

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 RG 41-18-297D (API #05-103-10906).

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 ?	
<b>Attachment Checklist</b>			
402786512	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402786511	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"/>
<b>Other Attachments</b>			
402786504	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402786505	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402786506	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402786507	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402786508	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402786509	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402786510	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)