

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:

402789319

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 05-103-12468-00

County: RIO BLANCO

Well Name: FEDERAL

Well Number: RG 442-18-297

Location: QtrQtr: NWNE Section: 18 Township: 2S Range: 97W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 688 feet Direction: FNL Distance: 2106 feet Direction: FEL

As Drilled Latitude: 39.881735 As Drilled Longitude: -108.322747

GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/24/2020

** If directional footage at Top of Prod. Zone Dist: 2506 feet Direction: FNL Dist: 684 feet Direction: FEL
Sec: 18 Twp: 2S Rng: 97W** If directional footage at Bottom Hole Dist: 2551 feet Direction: FNL Dist: 789 feet Direction: FEL
Sec: 18 Twp: 2S Rng: 97W

Field Name: SULPHUR CREEK

Field Number: 80090

Federal, Indian or State Lease Number: COC0003453

Spud Date: (when the 1st bit hit the dirt) 02/20/2021 Date TD: 04/08/2021 Date Casing Set or D&A: 04/09/2021

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 11950 TVD** 11480 Plug Back Total Depth MD 11905 TVD** 11435

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): 5442

Fresh Water (bbls): 8317

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2875

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	3279	745	3279	2765	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	11940	1823	11950	2774	CBL

Bradenhead Pressure Action Threshold 984 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: 02/22/2021

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,241	516	0	1,241

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	2,830		NO	NO	
WASATCH G	5,486		NO	NO	
OHIO CREEK	7,292		NO	NO	
WILLIAMS FORK	8,023		NO	NO	
CAMEO	10,715		NO	NO	
ROLLINS	11,158		NO	NO	
COZZETTE	11,315		NO	NO	
CORCORAN	11,651		NO	NO	
SEGO	11,888		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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402789328	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402789327	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"/>
Other Attachments			
402789320	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789321	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789322	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789323	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789324	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789325	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789326	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)