

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:

402789331

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 05-103-12461-00

County: RIO BLANCO

Well Name: FEDERAL

Well Number: RG 443-18-297

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

Footage at surface: Distance: 695 feet Direction: FNL Distance: 2109 feet Direction: FEL

As Drilled Latitude: 39.881715 As Drilled Longitude: -108.322757

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: 2145 feet Direction: FSL Dist: 754 feet Direction: FEL
Sec: 18 Twp: 2S Rng: 97W** If directional footage at Bottom Hole Dist: 1999 feet Direction: FSL Dist: 719 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) 02/18/2021 Date TD: 03/30/2021 Date Casing Set or D&A: 04/01/2021

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 12297 TVD** 11683 Plug Back Total Depth MD 12256 TVD** 11643

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): 6326

Fresh Water (bbls): 8272

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1946

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	90	212	90	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	3320	752	3280	2782	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	12294	1841	12297	1426	CBL

Bradenhead Pressure Action Threshold 996 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: 02/20/2021

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,325	755	0	1,325

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	2,887		NO	NO	
WASATCH G	5,501		NO	NO	
OHIO CREEK	7,350		NO	NO	
WILLIAMS FORK	8,136		NO	NO	
CAMEO	10,812		NO	NO	
ROLLINS	11,252		NO	NO	
COZZETTE	11,418		NO	NO	
CORCORAN	11,746		NO	NO	
SEGO	11,978		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			
402789346	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402789345	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			
402789337	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789338	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789340	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789341	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789342	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789343	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402789344	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)