

FORM  
5

Rev  
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:

402923702

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: 1058 COUNTY ROAD 215 Fax:
City: PARACHUTE State: CO Zip: 81635 Email: jkirtland@terraep.com

API Number 05-045-24300-00 County: GARFIELD
Well Name: CHEVRON Well Number: GM 441-30
Location: QtrQtr: LOT 3 Section: 29 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1536 feet Direction: FNL Distance: 802 feet Direction: FWL
As Drilled Latitude: 39.498175 As Drilled Longitude: -108.138985
GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 11/24/2020
\*\* If directional footage at Top of Prod. Zone Dist: 744 feet Direction: FNL Dist: 1614 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 781 feet Direction: FNL Dist: 1633 feet Direction: FEL
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC036219

Spud Date: (when the 1st bit hit the dirt) 10/07/2021 Date TD: 10/09/2021 Date Casing Set or D&A: 10/10/2021
Rig Release Date: 11/15/2021 Per Rule 308A.b.

Well Classification:
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 7574 TVD\*\* 6837 Plug Back Total Depth MD 7528 TVD\*\* 6791
Elevations GR 5849 KB 5879 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, (RES in 045-13746)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 1336 Fresh Water (bbls): 2061
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 725

### 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	18	X65	78.67	0	80	189	80	0	VISU
SURF	13+1/2	9+5/8	J-55	32.3	0	1020	268	1020	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	7565	749	7574	2726	CBL

Bradenhead Pressure Action Threshold   306   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	0		NO	NO	
WASATCH G	2,574		NO	NO	
OHIO CREEK	4,522		NO	NO	
WILLIAMS FORK	5,061		NO	NO	
CAMEO	6,979		NO	NO	
ROLLINS	7,503		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. Resistivity log was run on GM 544-19 (API #05-045-13746).

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>			
402923706	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402923708	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>			
402923703	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402923704	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402923705	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)