

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:

403009689

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 05-045-24401-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 332-9

Location: QtrQtr: NESE Section: 9 Township: 6S Range: 94W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2537 feet Direction: FSL Distance: 545 feet Direction: FEL

As Drilled Latitude: 39.539401 As Drilled Longitude: -107.885383

GPS Data: GPS Quality Value: 3.6 Type of GPS Quality Value: PDOP Date of Measurement: 10/03/2021

** If directional footage at Top of Prod. Zone Dist: 2557 feet Direction: FSL Dist: 656 feet Direction: FEL
Sec: 9 Twp: 6S Rng: 94W** If directional footage at Bottom Hole Dist: 2488 feet Direction: FSL Dist: 704 feet Direction: FEL
Sec: 9 Twp: 6S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC062160

Spud Date: (when the 1st bit hit the dirt) 11/21/2021 Date TD: 11/27/2021 Date Casing Set or D&A: 11/28/2021

Rig Release Date: 03/02/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9714 TVD** 9453 Plug Back Total Depth MD 9657 TVD** 9396

Elevations GR 6369 KB 6399

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, (LWD-RES in 045-24399)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 3850

Fresh Water (bbls): 7062

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3212

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	13+1/2	9+5/8	J-55	36	0	1118	296	1118	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	9704	1323	9714	3130	CBL

Bradenhead Pressure Action Threshold 335 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	3,215		NO	NO	
OHIO CREEK	5,747		NO	NO	
WILLIAMS FORK	6,438		NO	NO	
CAMEO	8,670		NO	NO	
ROLLINS	9,579		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 RWF 531-9 (API #05-045-24399).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Ashely Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403009693	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403009695	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>			
403009690	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403009691	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403009697	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)