

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:

403016613

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 05-045-24393-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 344-9

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

Footage at surface: Distance: 2533 feet Direction: FSL Distance: 514 feet Direction: FEL

As Drilled Latitude: 39.539392 As Drilled Longitude: -107.885271

GPS Data: GPS Quality Value: 3.6 Type of GPS Quality Value: PDOP Date of Measurement: 10/08/2021

\*\* If directional footage at Top of Prod. Zone Dist: 1631 feet Direction: FNL Dist: 1870 feet Direction: FEL  
Sec: 9 Twp: 6S Rng: 94W\*\* If directional footage at Bottom Hole Dist: 1620 feet Direction: FNL Dist: 2002 feet Direction: FEL  
Sec: 9 Twp: 6S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC027821

Spud Date: (when the 1st bit hit the dirt) 01/28/2022 Date TD: 02/03/2022 Date Casing Set or D&amp;A: 02/03/2022

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 9602 TVD\*\* 9333 Plug Back Total Depth MD 9555 TVD\*\* 9285

Elevations GR 6369 KB 6399

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

CBL, (GR-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): 6366

Fresh Water (bbls): 7011

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 645

**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             | 86            | 203       | 86      | 0       | VISU   |
| SURF        | 13+1/2       | 9+5/8          | J-55  | 36    | 0             | 1118          | 343       | 1118    | 0       | VISU   |
| 1ST         | 8+3/4        | 4+1/2          | P-110 | 11.6  | 0             | 9592          | 1416      | 9602    | 2967    | 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      | 2,957          |        | NO               | NO    |   |
| OHIO CREEK     | 5,696          |        | NO               | NO    |   |
| WILLIAMS FORK  | 6,335          |        | NO               | NO    |   |
| CAMEO          | 8,615          |        | NO               | NO    |   |
| ROLLINS        | 9,564          |        | 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: Ashley NoonanTitle: Sr. Regulatory Analyst

Date: \_\_\_\_\_

Email: anoonan@terraep.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 403016619                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 403016622                   | 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>    |                       |   |  |
| 403016616                   | LAS-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 403016617                   | PDF-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 403021229                   | 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)