

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:

403016633

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 05-045-24400-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 32-9

Location: QtrQtr: NESE

Section: 9

Township: 6S

Range: 94W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2528 feet

Direction: FSL

Distance: 536 feet

Direction: FEL

As Drilled Latitude: 39.539379

As Drilled Longitude: -107.885349

GPS Data: GPS Quality Value: 3.6 Type of GPS Quality Value: PDOP

Date of Measurement: 10/06/2021

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 1093 feet

Direction: FNL

Dist: 1816 feet

Direction: FWL

Sec: 9

Twp: 6S

Rng: 94W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 948 feet

Direction: FNL

Dist: 1976 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) 02/12/2022

Date TD: 02/16/2022

Date Casing Set or D&A: 02/16/2022

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 9798

TVD** 9457

Plug Back Total Depth MD 9754

TVD** 9413

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): 5063

Fresh Water (bbls): 7013

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1950

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	89	211	89	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1113	343	1113	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	9791	1418	9798	3124	CBL

Bradenhead Pressure Action Threshold 334 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	3,235		NO	NO	
OHIO CREEK	5,838		NO	NO	
WILLIAMS FORK	6,520		NO	NO	
CAMEO	8,745		NO	NO	
ROLLINS	9,674		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 Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403016636	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403016638	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>			
403016634	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403016635	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403027136	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)