

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:

403016647

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 05-045-24397-00 County: GARFIELD
Well Name: FEDERAL Well Number: RWF 43-9
Location: QtrQtr: NESE Section: 9 Township: 6S Range: 94W Meridian: 6
FNL/FSL FNL/FSL
Footage at surface: Distance: 2525 feet Direction: FSL Distance: 550 feet Direction: FEL
As Drilled Latitude: 39.539372 As Drilled Longitude: -107.885400
GPS Data: GPS Quality Value: 3.6 Type of GPS Quality Value: PDOP Date of Measurement: 10/04/2021
FNL/FSL FNL/FSL
** If directional footage at Top of Prod. Zone Dist: 349 feet Direction: FNL Dist: 1899 feet Direction: FWL
Sec: 9 Twp: 6S Rng: 94W
FNL/FSL FNL/FSL
** If directional footage at Bottom Hole Dist: 319 feet Direction: FNL Dist: 1951 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) 02/23/2022 Date TD: 02/28/2022 Date Casing Set or D&A: 03/01/2022
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 9434 TVD** 9425 Plug Back Total Depth MD 9388 TVD** 9379
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): 5645 Fresh Water (bbls): 7025
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1380

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	213	90	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	9424	1396	9434	2978	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	2,870		NO	NO	
OHIO CREEK	5,452		NO	NO	
WILLIAMS FORK	6,155		NO	NO	
CAMEO	8,304		NO	NO	
ROLLINS	9,310		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>			
403016652	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403016651	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>			
403016648	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403016649	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403021225	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)