

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:

403016640

Date Received:

05/02/2022

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 05-045-24403-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 432-9

Location: QtrQtr: NESE

Section: 9

Township: 6S

Range: 94W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2527 feet

Direction: FSL

Distance: 543 feet

Direction: FEL

As Drilled Latitude: 39.539375

As Drilled Longitude: -107.885375

GPS Data: GPS Quality Value: 3.6

Type of GPS Quality Value: PDOP

Date of Measurement: 10/05/2021

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 2246 feet

Direction: FNL

Dist: 1842 feet

Direction: FEL

Sec: 9

Twp: 6S

Rng: 94W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 2234 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) 02/17/2022

Date TD: 02/22/2022

Date Casing Set or D&A: 02/23/2022

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** 9393

Plug Back Total Depth MD 9556

TVD** 9347

Elevations GR 6369

KB 6399

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

CBL, (GR-RES in API 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): 3221

Fresh Water (bbls): 6995

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3774

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	83	196	83	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1118	393	1118	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	9592	1411	9602	2730	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	3,178		NO	NO	
OHIO CREEK	5,682		NO	NO	
WILLIAMS FORK	6,385		NO	NO	
CAMEO	8,617		NO	NO	
ROLLINS	9,521		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: 5/2/2022 Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403016644	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403016645	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403016643	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>			
403016640	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403016641	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403016642	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403021228	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed TPZ, BHL footages and directions per operator. Passed Completion review.	07/12/2022

Total: 1 comment(s)