

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:

403190559

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 05-045-24482-00

County: GARFIELD

Well Name: FEDERAL

Well Number: NR 344-36

Location: QtrQtr: NWSW Section: 3 Township: 6S Range: 94W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2454 feet Direction: FSL Distance: 1245 feet Direction: FWL

As Drilled Latitude: 39.554236 As Drilled Longitude: -107.879094

GPS Data: GPS Quality Value: 3.1 Type of GPS Quality Value: PDOP Date of Measurement: 06/10/2021

** If directional footage at Top of Prod. Zone Dist: 727 feet Direction: FSL Dist: 619 feet Direction: FEL
Sec: 36 Twp: 5S Rng: 94W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 780 feet Direction: FSL Dist: 702 feet Direction: FEL
Sec: 36 Twp: 5S Rng: 94W
FNL/FSL FEL/FWL

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC73085

Spud Date: (when the 1st bit hit the dirt) 07/22/2022 Date TD: 07/28/2022 Date Casing Set or D&A: 07/29/2022

Rig Release Date: 08/23/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11464 TVD** 10051 Plug Back Total Depth MD 11419 TVD** 10006

Elevations GR 6728 KB 6758

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, (Triple Combo on 045-20525)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 7090

Fresh Water (bbls): 5826

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1264

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	81	192	81	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1134	362	1144	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	11454	1184	11464	5115	CBL

Bradenhead Pressure Action Threshold 340 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				
WASATCH G	4,496				
OHIO CREEK	7,642				
WILLIAMS FORK	8,362				
CAMEO	10,585				
ROLLINS	11,414				

Operator Comments:

The GPS "as drilled" coordinates and date of measurement is actual data of the existing well conductor location prior to the spud date.

No Open Hole Logs were run on this well. Triple Combo log ran on the Clough NR 422-3 (045-20525).

No MUD logs were run on this well.

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>			
403204982	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403201545	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>			
403201538	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403201539	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403201549	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)