

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:

403323321

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 05-045-24500-00

County: GARFIELD

Well Name: FEDERAL

Well Number: WMC 331-20

Location: QtrQtr: SESW Section: 17 Township: 7S Range: 93W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 237 feet Direction: FSL Distance: 1844 feet Direction: FWL

As Drilled Latitude: 39.439043 As Drilled Longitude: -107.799399

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 11/15/2021

** If directional footage at Top of Prod. Zone Dist: 349 feet Direction: FNL Dist: 1986 feet Direction: FEL
Sec: 20 Twp: 7S Rng: 93W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 411 feet Direction: FNL Dist: 1986 feet Direction: FEL
Sec: 20 Twp: 7S Rng: 93W
FNL/FSL FEL/FWL

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC075070

Spud Date: (when the 1st bit hit the dirt) 12/21/2022 Date TD: 12/25/2022 Date Casing Set or D&A: 12/26/2022

Rig Release Date: 12/27/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11075 TVD** 10941 Plug Back Total Depth MD 11029 TVD** 10895

Elevations GR 8868 KB 8898 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

CBL, (Triple Combo on 045-24489)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 14640 Fresh Water (bbls): 12705

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1935

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	1131	352	1131	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	11075	1336	11075	5175	CBL

Bradenhead Pressure Action Threshold 339 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	2,436				
WASATCH G	4,923				
OHIO CREEK	7,480				
WILLIAMS FORK	8,111				
CAMEO	10,244				
ROLLINS	10,968				

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 WMC 532-20 (045-24489).

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 Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
403325007	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
403325632	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>		
403325005	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403325006	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403325630	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)