

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:

403387614

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 05-103-12564-00

County: RIO BLANCO

Well Name: Federal

Well Number: RG 912-23-299D

Location: QtrQtr: NWSW

Section: 23

Township: 2S

Range: 99W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2009 feet

Direction: FSL

Distance: 686 feet

Direction: FWL

As Drilled Latitude: 39.860055

As Drilled Longitude: -108.478714

GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP

Date of Measurement: 01/11/2023

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 2011 feet

Direction: FSL

Dist: 686 feet

Direction: FWL

Sec: 23

Twp: 2S

Rng: 99W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 1353 feet

Direction: FNL

Dist: 817 feet

Direction: FWL

Sec: 23

Twp: 2S

Rng: 99W

Field Name: SAGE BRUSH HILLS II

Field Number: 76140

Federal, Indian or State Lease Number: NA

Spud Date: (when the 1st bit hit the dirt) 04/09/2023

Date TD: 04/19/2023

Date Casing Set or D&A: 04/22/2023

Rig Release Date: 04/22/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6465

TVD** 6015

Plug Back Total Depth MD 6406

TVD** 5956

Elevations GR 7083

KB 7096

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

CBL, MUD, Reservoir Saturation Tool, Triple Combo

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 4650

Fresh Water (bbls): 2455

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2195

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	80	189	80	0	VISU
SURF	17+1/2	13+3/8	J-55	54.5	0	1422	637	1422	0	VISU
1ST	12+1/4	9+5/8	J-55	36	0	3058	454	3058	1447	VISU
2ND	8+3/4	5+1/2	P-110	17	0	6445	1035	6465	344	CBL

Bradenhead Pressure Action Threshold 427 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	
GREEN RIVER	1,022				
WASATCH	2,330				
WASATCH G	3,914				
FORT UNION	4,275				
OHIO CREEK	5,212				
WILLIAMS FORK	5,282				

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.

Please route the Form 5 to John Morgan, UIC Lead

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>		
403392792	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
403397179	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>		
403387760	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403387761	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403387762	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403387763	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403387766	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403387768	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403387769	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403387773	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403392755	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403397178	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)