

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:

403454207

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 05-045-24544-00

County: GARFIELD

Well Name: TEP

Well Number: WMC 44-24-794

Location: QtrQtr: LOT 2

Section: 19

Township: 7S

Range: 93W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2165 feet

Direction: FNL

Distance: 919 feet

Direction: FWL

As Drilled Latitude: 39.426376

As Drilled Longitude: -107.822723

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP

Date of Measurement: 10/14/2022

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 1085 feet

Direction: FSL

Dist: 702 feet

Direction: FEL

Sec: 19

Twp: 7S

Rng: 93W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 1060 feet

Direction: FSL

Dist: 721 feet

Direction: FEL

Sec: 19

Twp: 7S

Rng: 93W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC066920

Spud Date: (when the 1st bit hit the dirt) 01/30/2023

Date TD: 02/03/2023

Date Casing Set or D&amp;A: 02/04/2023

Rig Release Date: 05/21/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11101

TVD\*\* 10522

Plug Back Total Depth MD 11055

TVD\*\* 10477

Elevations GR 8563

KB 8593

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, (IND on 045-19930)

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 8120

Fresh Water (bbls): 7159

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 961

**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	250	80	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1171	359	1171	0	VISU
1ST	8+3/4	4+1/2	P-110	11.6	0	11091	1107	11101	4422	CBL

Bradenhead Pressure Action Threshold 351 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	2,178				
WASATCH G	5,179				
FORT UNION	6,714				
OHIO CREEK	7,569				
WILLIAMS FORK	8,152				
CAMEO	10,282				
ROLLINS	11,056				

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. IND log ran on the Honea Fed 24-09C (045-19930).

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>			
403469695	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403472054	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>			
403454216	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403471243	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403472051	PDF-	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)