

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:

403231630

Date Received:

11/21/2022

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: Melissa Luke
Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
Address: 1058 COUNTY ROAD 215 Fax:
City: PARACHUTE State: CO Zip: 81635 Email: mluke@terraep.com

API Number 05-103-12476-00 County: RIO BLANCO
Well Name: FEDERAL Well Number: RG 412-7-297
Location: QtrQtr: LOT 15 Section: 7 Township: 2S Range: 97W Meridian: 6
Footage at surface: Distance: 1808 feet Direction: FSL Distance: 1351 feet Direction: FWL
As Drilled Latitude: 39.888512 As Drilled Longitude: -108.329004
GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 11/15/2022
** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
Field Name: LOVE RANCH Field Number: 51850
Federal, Indian or State Lease Number: COC057285

Spud Date: (when the 1st bit hit the dirt) 08/29/2022 Date TD: Date Casing Set or D&A:
Rig Release Date: 08/30/2022 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1490 TVD** Plug Back Total Depth MD TVD**
Elevations GR 6603 KB 6617 Digital Copies of ALL Logs must be Attached

List All Logs Run:
NA

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 0 Fresh Water (bbls): 0
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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	X52	52.78	0	84	199	84	0	VISU
SURF	17+1/2	13+3/8	J55	54.5	0	1490	542	1490	0	VISU

Bradenhead Pressure Action Threshold 447 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	

Operator Comments:

Drilling operations were suspended on the Federal RG 412-7-297 well on 08/30/2022 to drill and set casing prior to the Form 2 expiration date. The anticipated date for resuming operations will be on May 2023. Please see attached Operations Summary, Directional Survey, and Cement Report.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Melissa Luke

Title: Regulatory Specialist Date: 11/21/2022 Email: mlopez@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403236737	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403236734	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
403231630	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403236733	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403236738	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review.	07/11/2023

Total: 1 comment(s)