

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403232366

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 05-103-12480-00

County: RIO BLANCO

Well Name: FEDERAL

Well Number: RG 12-7-297

Location: QtrQtr: LOT 15

Section: 7

Township: 2S

Range: 97W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 1805 feet

Direction: FSL

Distance: 1366 feet

Direction: FWL

As Drilled Latitude: 39.888506

As Drilled Longitude: -108.328951

GPS Data: GPS Quality Value: 1.3

Type of GPS Quality Value: PDOP

Date of Measurement: 11/15/2021

FNL/FSL

FEL/FWL

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

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

Field Name: LOVE RANCH

Field Number: 51850

Federal, Indian or State Lease Number: COC057285

Spud Date: (when the 1st bit hit the dirt) 08/31/2022

Date TD:

Date Casing Set or D&amp;A:

Rig Release Date: 09/02/2022 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                    | 90                   | 213              | 90             | 0              | VISU          |
| SURF               | 17+1/2              | 13+3/8                | J55          | 54.5         | 0                    | 1490                 | 555              | 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 12-7-297 well on 09/02/2022 to drill and set casing prior to the Form 2 expiration date. The anticipated date for resuming operations will be on August 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: mluke@terraep.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 403236773                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 403236772                   | 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>    |                       |   |  |
| 403232366                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 403236771                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 403236774                   | 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. | 07/19/2023          |

Total: 1 comment(s)