

FORM
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Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

403740747

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

ECMC 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 05-103-12488-00 County: RIO BLANCO
Well Name: FEDERAL Well Number: RG 414-7-297
Location: QtrQtr: LOT 15 Section: 7 Township: 2S Range: 97W Meridian: 6
Footage at surface: Distance: 1802 feet Direction: FSL Distance: 1327 feet Direction: FWL
As Drilled Latitude: 39.888495 As Drilled Longitude: -108.329086
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/15/2021
** If directional footage at Top of Prod. Zone Dist: 640 feet Direction: FSL Dist: 1001 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 632 feet Direction: FSL Dist: 951 feet Direction: FWL
Field Name: LOVE RANCH Field Number: 51850
Federal, Indian or State Lease Number: COC057285

Spud Date: (when the 1st bit hit the dirt) 08/23/2022 Date TD: 11/13/2023 Date Casing Set or D&A: 11/14/2023
Rig Release Date: 02/16/2024 Per Rule 308A.b.

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

Total Depth MD 11641 TVD** 11540 Plug Back Total Depth MD 11594 TVD** 11493
Elevations GR 6603 KB 6633 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, (RES on 103-10454)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 6145 Fresh Water (bbls): 3797
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2348

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	X52 ERW .250	52.78	0	90	213	90	0	VISU
SURF	17+1/2	13+3/8	J-55	54.5	0	1387	555	1387	0	VISU
1ST	12+1/4	9+5/8	J-55	36	0	3320	229	3320	0	VISU
2ND	8+3/4	4+1/2	P110	11.6	0	11641	1613	11641	2900	CBL

Bradenhead Pressure Action Threshold 416 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 ECMC)
	Top	Bottom	DST	Cored	
GREEN RIVER	887				
WASATCH	2,678				
WASATCH G	5,187				
OHIO CREEK	6,789				
WILLIAMS FORK	7,842				
CAMEO	10,301				
ROLLINS	10,754				
COZZETTE	10,908				
CORCORAN	11,243				
SEGO	11,485				

Operator Comments:

The Well is Waiting-on-Completions and is scheduled to begin completions on 9/1/2024.

The TPZ footages are estimated and based on the BHL footages because the well has not been completed yet.

The GPS "as drilled" coordinates and dates of measurement is actual data of the existing well conductor location prior to the spud date.

No MUD logs were run on this well.

No open hole logs were run. RES Logs were run on the Federal RGU 23-7-297 API (05-103-10454)

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

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403753179	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403753189	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>			
403753182	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403753183	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403753184	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)