

FORM  
5  
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:  
403907610  
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: 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 05-103-12578-00 County: RIO BLANCO  
Well Name: FEDERAL Well Number: RG 413-18-297  
Location: QtrQtr: LOT 12 Section: 13 Township: 2S Range: 98W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 957 feet Direction: FSL Distance: 1058 feet Direction: FEL  
As Drilled Latitude: 39.871810 As Drilled Longitude: -108.337883  
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 11/09/2023  
FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 1515 feet Direction: FSL Dist: 708 feet Direction: FWL  
Sec: 18 Twp: 2 Rng: 97  
FNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 1598 feet Direction: FSL Dist: 952 feet Direction: FWL  
Sec: 18 Twp: 2 Rng: 97  
Field Name: SULPHUR CREEK Field Number: 80090  
Federal, Indian or State Lease Number: COC0003453

Spud Date: (when the 1st bit hit the dirt) 03/03/2024 Date TD: 05/27/2024 Date Casing Set or D&A: 05/28/2024  
Rig Release Date: 05/28/2024 Per Rule 308A.b.

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

Total Depth MD 11962 TVD\*\* 11648 Plug Back Total Depth MD 11917 TVD\*\* 11603  
Elevations GR 6667 KB 6697 Digital Copies of ALL Logs must be Attached

List All Logs Run:  
CBL, (RES on 103-12569).

FLUID VOLUMES USED IN DRILLING OPERATIONS  
(Enter "0" if a type of a fluid was not used. Do not leave blank.)  
Total Fluids (bbls): 5761 Fresh Water (bbls): 3021  
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2740

### 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	114	199	84	0	VISU
SURF	17+1/2	13+5/8	J55	54.5	0	1366	459	1366	0	VISU
1ST	12+1/4	9+3/8	J55	36	0	3130	227	3130	0	VISU
2ND	8+3/4	4+1/2	P110	11.6	0	11952	1639	11962	4250	CBL

Bradenhead Pressure Action Threshold 410 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	888				
WASATCH	2,601				
OHIO CREEK	6,735				
CAMEO	10,234				
ROLLINS	10,740				
COZZETTE	10,879				
CORCORAN	11,208				
SEGO	11,398				

Operator Comments:

No MUD logs were run on this well.  
No open hole logs were run.  
RES Logs were run on the Federal RG 524-13-298 (API 05-103-12569).

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: \_\_\_\_\_

Email: mluke@terraep.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403907693	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403907702	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"/>
<b><u>Other Attachments</u></b>			
403907628	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403907629	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403907630	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403907631	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)