

FORM
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Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:

403907846

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 05-103-12569-00 County: RIO BLANCO
Well Name: FEDERAL Well Number: RG 524-13-298
Location: QtrQtr: LOT 12 Section: 13 Township: 2S Range: 98W Meridian: 6
Footage at surface: Distance: 931 feet Direction: FSL Distance: 1097 feet Direction: FEL
As Drilled Latitude: 39.871743 As Drilled Longitude: -108.338023
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/09/2023
** If directional footage at Top of Prod. Zone Dist: 372 feet Direction: FSL Dist: 1936 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 241 feet Direction: FSL Dist: 1613 feet Direction: FWL
Field Name: SULPHUR CREEK Field Number: 80090
Federal, Indian or State Lease Number: COC0003453

Spud Date: (when the 1st bit hit the dirt) 02/23/2024 Date TD: 03/20/2024 Date Casing Set or D&A: 03/22/2024
Rig Release Date: 03/22/2024 Per Rule 308A.b.

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

Total Depth MD 11793 TVD** 11410 Plug Back Total Depth MD 11747 TVD** 11365
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): 15874 Fresh Water (bbls): 13981
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1893

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	110	189	80	0	VISU
SURF	17+1/2	13+5/8	J55	54.5	0	1383	596	1383	0	VISU
1ST	12+1/4	9+3/8	J55	36	0	3153	227	3153	0	VISU
2ND	8+3/4	4+1/2	P110	11.6	0	11783	1619	11793	3350	CBL

Bradenhead Pressure Action Threshold 415 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	889				
WASATCH	2,592				
OHIO CREEK	6,580				
CAMEO	9,935				
ROLLINS	10,420				
COZZETTE	10,573				
CORCORAN	10,849				
SEGO	11,110				

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 ?	
<u>Attachment Checklist</u>			
403908052	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403908059	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>			
403908036	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403908037	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403908039	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403908051	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)