

FORM
2

Rev
10/24

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:

404232526

(SUBMITTED)

Date Received:

06/09/2025

APPLICATION FOR PERMIT TO

Drill Deepen Re-enter Recomplete and Operate Amend

TYPE OF WELL OIL GAS COALBE GEOTHERMAL OTHER: _____

Refile

ZONE TYPE SINGLE ZONE MULTIPLE ZONES COMMINGLE ZONES

Sidetrack

Well Name: CHEVRON Well Number: TR 612-28-597RD

Name of Operator: TEP ROCKY MOUNTAIN LLC ECMC Operator Number: 96850

Address: 1058 COUNTY ROAD 215

City: PARACHUTE State: CO Zip: 81635

Contact Name: MELISSA LUKE Phone: (970)263-2721 Fax: ()

Email: MLUKE@TERRAEP.COM

FINANCIAL ASSURANCE FOR PLUGGING, ABANDONMENT, AND RECLAMATION

ECMC Financial Assurance

The Operator has provided or will provide Financial Assurance to the ECMC for this Well.

Surety ID Number (if applicable): 20160057

Federal Financial Assurance

In checking this box, the Operator certifies that it has provided or will provide at least this amount of Financial Assurance to the federal government for this Well. (Per Rule702.a.)

Amount of Federal Financial Assurance \$ _____

WELL LOCATION INFORMATION

Surface Location

QtrQtr: SWNE Sec: 28 Twp: 5S Rng: 97W Meridian: 6

Footage at Surface: 1807 Feet FNL 2364 Feet FWL

Latitude: 39.586948 Longitude: -108.282036

GPS Data: GPS Quality Value: 2.5 Type of GPS Quality Value: PDOP Date of Measurement: 06/03/2025

Ground Elevation: 8480

Field Name: RULISON Field Number: 75400

Well Plan: is Directional Horizontal (highly deviated) Vertical

If Well plan is Directional or Horizontal attach Deviated Drilling Plan and Directional Data.

Subsurface Locations

Top of Productive Zone (TPZ)

Sec: 28 Twp: 5S Rng: 97W Footage at TPZ: 2637 FSL 661 FWL
Measured Depth of TPZ: 6931 True Vertical Depth of TPZ: 6400 FNL/FSL FEL/FWL

Base of Productive Zone (BPZ)

Sec: 28 Twp: 5S Rng: 97W Footage at BPZ: 2637 FSL 661 FWL
Measured Depth of BPZ: 9875 True Vertical Depth of BPZ: 9344 FNL/FSL FEL/FWL

Bottom Hole Location (BHL)

Sec: 28 Twp: 5S Rng: 97W Footage at BHL: 2637 FSL 661 FWL
FNL/FSL FEL/FWL

LOCAL GOVERNMENT PERMITTING INFORMATION

County: GARFIELD Municipality: N/A

Is the Surface Location of this Well in an area designated as one of State interest and subject to the requirements of § 24-65.1-108 C.R.S.? No

Per §34-60-106(1)(f)(I)(A) C.R.S and §37-90.5-107(2)(b)(I) C.R.S, the following questions pertain to the Relevant Local Government approval of the siting of the proposed Oil and Gas or Deep Geothermal Locations.

The Energy and Carbon Management Act and the Geothermal Resources Act provide that when "applying for a permit to drill," operators must include proof that they sought a local government siting permit and the disposition of that permit application, or that the local government does not have siting regulations.

Does the Relevant Local Government regulate the siting of Oil and Gas and Deep Geothermal Locations, with respect to this Location? Yes No

If yes, in checking this box, I hereby certify that an application has been filed with the local government with jurisdiction to approve the siting of the proposed oil and gas location.

The disposition of the application filed with the Relevant Local Government is: _____ Date of Final Disposition: _____

Comments: _____

GEOTHERMAL

Well Overview

The following questions determine informational requirements based on Well type:

Which type of Geothermal Well is this? Select one of the following:

Will this well be constructed using cementing methodologies other than those listed in Rule 408.f?

If Yes, what method will be used:

Please describe the cementing method to be used in detail:

Geothermal Resource Units

Fill out the information below to submit an application for a Geothermal Resource Unit (GRU) as part of the current permit application. This may also be completed later using a Form 4 Sundry.

Will this Well be in an existing GRU?

Are you submitting your application for a new GRU as part of the current application?

SURFACE AND MINERAL OWNERSHIP AT WELL'S OIL & GAS OR DEEP GEOTHERMAL LOCATION

Surface Owner of the land at this Well's Oil and Gas Or Deep Geothermal Location: Fee State Federal Indian

Mineral Owner beneath this Well's Oil and Gas Or Deep Geothermal Location: Fee State Federal Indian

Surface Owner Protection Bond (if applicable): _____ Surety ID Number (if applicable): _____

MINERALS DEVELOPED BY WELL

The ownership of all the minerals that will be developed by this Well is (check all that apply):

- Fee
- State
- Federal
- Indian
- N/A

LEASE INFORMATION

Using standard QtrQtr, Section, Township, Range format describe one entire mineral lease as follows:

- * If this Well is within a unit, describe a lease that will be developed by the Well.
 - * If this Well is not subject to a unit, describe the lease that will be produced by the Well.
- (Attach a Lease Map or Lease Description or Lease if necessary.)

PLEASE SEE ATTACHED LEASE MAP

Total Acres in Described Lease: 29658 Described Mineral Lease is: Fee State Federal Indian
 Federal or State Lease # _____

SAFETY SETBACK INFORMATION

Distance from Well to nearest:

- Building: 5280 Feet
- Building Unit: 5280 Feet
- Public Road: 5280 Feet
- Above Ground Utility: 5280 Feet
- Railroad: 5280 Feet
- Property Line: 873 Feet

INSTRUCTIONS:

- Specify all distances per Rule 308.b.(1).
- Enter 5280 for distance greater than 1 mile.
- Building - nearest building of any type. If nearest Building is a Building Unit, enter same distance for both.
- Building Unit – as defined in 100 Series Rules.

OBJECTIVE FORMATIONS

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
ILES	ILES	1-229		
WILLIAMS FORK	WMFK	1-229		

Federal or State Unit Name (if appl): _____

Unit Number: _____

SUBSURFACE MINERAL SETBACKS

Enter 5280 for distance greater than 1 mile.

Is this Well within a unit? No

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: _____ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well within the same unit permitted or completed in the same formation: _____ Feet

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: 7962 Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well producing from the same lease and permitted or completed in the same formation: 310 Feet

Exception Location

If this Well requires the approval of a Rule 401.c Exception Location, enter the Rule or spacing order number and attach the Exception Location Request and Waivers. _____

SPACING & FORMATIONS COMMENTS

DRILLING PROGRAM

Proposed Total Measured Depth: 9875 Feet

TVD at Proposed Total Measured Depth 9344 Feet

Distance from the proposed wellbore to nearest existing or proposed wellbore belonging to another operator, including plugged wells:

Enter distance if less than or equal to 1,500 feet: _____ Feet No well belonging to another operator within 1,500 feet

Will a closed-loop drilling system be used? Yes

Is H2S gas reasonably expected to be encountered during drilling operations at concentrations greater than or equal to 100 ppm? No If yes, attach an H2S Drilling Plan unless a plan was already submitted with the Form 2A per Rule 304.c.(10).

Will there be hydraulic fracture treatment at a depth less than 2,000 feet in this well? No

Will salt sections be encountered during drilling? No

Will salt based (>15,000 ppm Cl) drilling fluids be used? No

Will oil based drilling fluids be used? No

BOP Equipment Type: Annular Preventor Double Ram Rotating Head None

Beneficial reuse or land application plan submitted? No

Reuse Facility ID: _____ or Document Number: _____

CASING PROGRAM

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	30	20	X65	78.67	0	80	134	80	0
SURF	13+1/2	9+5/8	J55	36	0	3166	756	3166	0
1ST	8+3/4	4+1/2	P110	11.6	0	9875	906	9875	4407

Conductor Casing is NOT planned

POTENTIAL FLOW AND CONFINING FORMATIONS

Zone Type	Formation /Hazard	Top M.D.	Top T.V.D.	Bottom M.D.	Bottom T.V.D.	TDS (mg/L)	Data Source	Comment
Groundwater	GREEN RIVER	0	0	2763	2567	1001-10000	Other	Nearby depth to water and TSD data sources
Confining Layer	UPPER WASATCH	2763	2567	4607	5201			
Hydrocarbon	G SAND	4607	5201	4809	4380			
Hydrocarbon	FORT UNION	4809	4380	6015	5493			
Hydrocarbon	OHIO CREEK	6015	5493	6814	6283			
Hydrocarbon	UPPER MESAVERDE	6814	6283	7231	6700			
Hydrocarbon	TOP GAS	7231	6700	8740	8209			
Hydrocarbon	CAMEO	8740	8209	9010	8479			
Hydrocarbon	ROLLINS	9010	8479	9197	8666			
Hydrocarbon	COZZETTE	9179	8666	9425	8894			
Hydrocarbon	CORCORAN	9425	8894	9575	9044			
Hydrocarbon	SEGO	9575	9044	9875	9344			

OPERATOR COMMENTS AND SUBMITTAL

Comments

TEP Rocky Mountain LLC requests approval to skid the rig and redrill the TR 612-28-597 well due to the loss of the original surface hole.

- Estimated spud date: June 26, 2025
- Surface impact: No new additional surface disturbance is required.
- Reason: Surface casing could not be set due to wellbore collapse, necessitating a lost hole rig skid to drill a new wellbore

Nearest offset well producing from the same lease and permitted or completed in the same formation: Chevron TR 13-28-597 (Doc ID#403664167)

OGDP application (Docket# 230500188) was approved on 01/03/2024. Form 2A (Doc# 403369764) was approved on 01/17/2024.

Please route this Form 2 for immediate review to Aaron Katz in Engineering, Laurel Faber OGLA, and Ginger Malasauskas in Permitting.

This application is in a Comprehensive Area Plan No CAP #: _____

Oil and Gas Development Plan Name TR 32-28-597 OGDP ID#: 485288

Location ID: 324040

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 SPECIALSIT Date: 6/9/2025 Email: MLUKE@TERRAEP.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with ECMC Rules, applicable orders, and SB 19-181 and is hereby approved.

ECMC Approved: _____ Director of ECMC Date: _____
 Expiration Date: _____

API NUMBER
05

CONDITIONS OF APPROVAL, IF ANY LIST

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

COA Type	Description
0 COA	

Operator Best Management Practices

No	BMP/COA Type	Description
1	Drilling/Completion Operations	Alternative Logging Program: One of the first wells drilled on this pad will be logged with an open-hole resistivity log with gamma-ray, from TD into the surface casing. All wells on the pad will have a cement bond log (CBL) with gamma-ray run on production casing (or on intermediate casing if production liner is run) into the surface casing. The Form 5, Completion Report, for each well on the pad will list all logs run and have those logs attached. The Form 5 for a well without open-hole logs will state "Alternative Logging Program - No open-hole logs were run" and will clearly identify the type of log and the well (by API#) in which open-hole logs were run.

Total: 1 comment(s)

ATTACHMENT LIST

Att Doc Num	Name
404232555	OffsetWellEvaluations Data
404232596	DIRECTIONAL DATA
404232597	WELL LOCATION PLAT
404232599	LEASE MAP
404232600	DEVIATED DRILLING PLAN
404232601	DEVIATED DRILLING PLAN

Total Attach: 6 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)