

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:

404189758

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) 263-1469
Address: 1058 COUNTY ROAD 215 Fax:
City: PARACHUTE State: CO Zip: 81635 Email: jeff.kirtland@flywheelenergy.com

API Number 05-103-12582-00 County: RIO BLANCO
Well Name: FEDERAL Well Number: RG 321-13-298
Location: QtrQtr: Lot 4 Section: 13 Township: 2S Range: 98W Meridian: 6
Footage at surface: Distance: 1074 feet Direction: FNL Distance: 906 feet Direction: FWL
As Drilled Latitude: 39.882227 As Drilled Longitude: -108.346510
GPS Data: GPS Quality Value: 2.1 Type of GPS Quality Value: PDOP Date of Measurement: 07/17/2024
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1652 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 557 feet Direction: FNL Dist: 1534 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) 08/17/2024 Date TD: 01/24/2025 Date Casing Set or D&A: 01/25/2025
Rig Release Date: 03/04/2025 Per Rule 308A.b.

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

Total Depth MD 11864 TVD** 11782 Plug Back Total Depth MD 11818 TVD** 11737
Elevations GR 6618 KB 6648 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, (RES on 05-103-12596)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 7981 Fresh Water (bbls): 4689
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3292

Recycled Produced Water Alternative (bbls): _____

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	82	194	82	0	VISU
SURF	17+1/2	13+3/8	J55	54.5	0	1364	547	1364	0	VISU
1ST	12+1/4	9+5/8	J55	36	0	3069	298	3069	1246	CALC
2ND	8+3/4	4+1/2	P110	11.6	0	11864	2029	11864	3360	CBL

Bradenhead Pressure Action Threshold 409 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	2,604				
WASATCH G	4,671				
OHIO CREEK	6,545				
WILLIAMS FORK	7,421				
CAMEO	9,967				
ROLLINS	10,454				lles member
COZZETTE	10,597				lles member
CORCORAN	10,850				lles member
SEGO	11,129				lles member

Operator Comments:

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

TPZ is estimated, actual TPZ will be submitted on Form 5A.

No MUD logs were run on this well.

Alternative Logging Program: No open hole logs run per rule 408.r. RES ran on RG 521-13-298 (05-103-12596)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Blythe Befus

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
404366727	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404366736	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>			
404195499	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404366738	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404366740	LAS-CEMENT BOND	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)