

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:
401152515

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 96850 Contact Name: Whitney Szabo
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2730
 Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635

API Number 05-045-23230-00 County: GARFIELD
 Well Name: Youberg Well Number: RU 412-7
 Location: QtrQtr: SENW Section: 7 Township: 7S Range: 93W Meridian: 6
 Footage at surface: Distance: 2007 feet Direction: FNL Distance: 1894 feet Direction: FWL
 As Drilled Latitude: 39.456966 As Drilled Longitude: -107.819722

GPS Data:
 Date of Measurement: 06/16/2016 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2204 feet. Direction: FNL Dist.: 543 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 2228 feet. Direction: FNL Dist.: 491 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 93W

Field Name: RULISON Field Number: 75400
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/21/2016 Date TD: 08/26/2016 Date Casing Set or D&A: 08/27/2016
 Rig Release Date: 10/16/2016 Per Rule 308A.b.

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

Total Depth MD 9652 TVD** 9418 Plug Back Total Depth MD 9582 TVD** 9357
 Elevations GR 7339 KB 7363 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
RPM/MUD/CBL/Triple Combo API 045-23232

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	18	47.7	0	87	33	0	87	VISU
SURF	13+1/2	9+5/8	32.3	0	1,175	305	0	1,175	VISU
1ST	8+3/4	4+1/2	11.6	0	9,642	1,110	3,870	1,110	CBL

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 COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	3,423				
MESAVERDE	5,787				Mesaverde top is the Ohio Creek top.
OHIO CREEK	5,787				Ohio Creek top is the Mesaverde top.
WILLIAMS FORK	5,902				
CAMEO	8,685				
ROLLINS	9,481				

Comment:

Please note: The "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

*The CBL PBTB (depth logger) for this well is set above the float collar, the float collar depth is 5613'.

**No Triple Combo logs ran on this well. Triple Combo logs were run on the RU 23-7 API# 05-045-23232.

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

Signed: _____

Print Name: Whitney Szabo

Title: Regulatory Tech

Date: _____

Email: wszabo@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401152555	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401152554	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"/>
Other Attachments			
401152557	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152560	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152568	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152569	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152578	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152583	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152586	PDF-MUD	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)