

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number: 401114011

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 96850 4. Contact Name: Whitney Szabo
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2730
 3. Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635 Email: wszbao@terraep.com

5. API Number 05-045-22533-00 6. County: GARFIELD
 7. Well Name: Federal GM Well Number: 442-8
 8. Location: QtrQtr: NWNW Section: 9 Township: 7S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/01/2016 End Date: 08/03/2016 Date of First Production this formation: 08/07/2016

Perforations Top: 5059 Bottom: 6553 No. Holes: 168 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole:

34133 BBLs Slickwater; 601400 100/mesh; (summary)
 **All flowback water entries are total estimates based on commingled volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 34133 Max pressure during treatment (psi): 6190
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.54
 Total acid used in treatment (bbl): _____ Number of staged intervals: 7
 Recycled water used in treatment (bbl): 34133 Flowback volume recovered (bbl): 8992
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 601400 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/11/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 1065 Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1065 Bbl H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 1700 Tubing PSI: 950 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1106 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6254 Tbg setting date: 08/06/2016 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

--

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

<u>Att Doc Num</u>	<u>Name</u>
401114022	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)