

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401134983

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

5. API Number 05-045-12775-00 6. County: GARFIELD 7. Well Name: DIAMOND ELD Well Number: RWF 414-4 8. Location: QtrQtr: NWSW Section: 4 Township: 7S Range: 94W Meridian: 6 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 6530 Bottom: 8353 No. Holes: 118 Hole size: 35/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: This well is TA and currently waiting on repairs.

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt \*\* Bridge Plug Depth: 6488 \*\* Sacks cement on top: 5 \*\* Wireline and Cement Job Summary must be attached.

Comment:

Prep to Cement

3. PU Tubing and TIH with Packer and 5 jts of tailpipe
4. Dump 5 sx sand on top of RBP.
5. Set packer above RBP. Pressure test RBP to 1000 psi.
6. With packer, pressure test casing to further isolate interval that leaks. (Current area identified is 1942' – 2402').
7. With leak area identified, record stabilize pressure required to establish injection rate of 1 bpm.
8. TIH so the bottom of tailpipe is set at deepest leak.

\*\*No cement ticket available for the 5 sacks of cement.

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  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401134995	OPERATIONS SUMMARY
401134996	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)