

FORM
5ARev
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



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Document Number:

401095882

Date Received:

09/14/2016

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: wszabo@terraep.com

5. API Number 05-045-22606-00 6. County: GARFIELD
 7. Well Name: Federal RU Well Number: 314-6
 8. Location: QtrQtr: NWSW Section: 6 Township: 7S Range: 93W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 06/16/2016 End Date: 06/24/2016 Date of First Production this formation: 06/17/2016Perforations Top: 6699 Bottom: 9168 No. Holes: 264 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐88358 BBLs Slickwater; 1729411 40/70 Sand; (summary)This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 88358Max pressure during treatment (psi): 6273

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): 0.64

Total acid used in treatment (bbl): _____

Number of staged intervals: 11Recycled water used in treatment (bbl): 88358Flowback volume recovered (bbl): 19346

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 1729411Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/10/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 1265 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1265 Bbl H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 1197 Tubing PSI: 688 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 969 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 8907 Tbg setting date: 06/28/2016 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:

**All flowback water entries are total estimates based on commingled volumes.

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: 9/14/2016

Email wszabo@terraep.com

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Attachment Check List

Att Doc Num

Name

401095882	FORM 5A SUBMITTED
401109326	WELL LOCATION PLAT

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit	Passes permitting.	11/25/2016
Permit	Please correct the Wellbore Diagram formations tops to accurately represent the perforated zones.	09/12/2016
Permit	Waiting on a response from the Operator regarding the perforations in the Ohio Creek formation.	09/12/2016
Permit	Returned to draft per Operator request.	08/22/2016

Total: 4 comment(s)