

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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 05-045-22612-00 6. County: GARFIELD 7. Well Name: Federal RU Well Number: 12-6 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: PLUGGED AND ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 5454 Bottom: 5462 No. Holes: 1 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: While attempting to remove cement tools became stuck and had to plug and abandon. 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:

For plugging procedure please reference attached operation summary.

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: 8/12/2016 Email wszabo@terraep.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401089014	FORM 5A SUBMITTED
401089029	CEMENT JOB SUMMARY
401089030	WIRELINE JOB SUMMARY
401089031	WELLBORE DIAGRAM
401089033	OPERATIONS SUMMARY

Total Attach: 5 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes permitting.	11/25/2016

Total: 1 comment(s)