

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:

400944451

Date Received:

01/26/2016

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 05-045-22431-00 6. County: GARFIELD
 7. Well Name: GM Well Number: 728-14-33-HN1
 8. Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 10/06/2015 End Date: 10/13/2015 Date of First Production this formation: 10/14/2015Perforations Top: 10990 Bottom: 16494 No. Holes: 888 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐905 BBLs 15% HCL; 262456 BBLs Slickwater; 9622210 100/Mesh; 1058301 40/70 Sand; (summary)This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 263361Max pressure during treatment (psi): 10981

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): 1.03Total acid used in treatment (bbl): 905Number of staged intervals: 37Recycled water used in treatment (bbl): 262456Flowback volume recovered (bbl): 60471

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 10680511Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/26/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 3444 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3444 Bbl H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 3590 Tubing PSI: 3 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 972 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: No tubing set in this well. Tubing set date is undetermined, will be set after casing pressure comes down. Well is currently on temporary sales.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: Permit Tech II

Date: 1/26/2016

Email: wszabo@terraep.com

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Attachment Check List

Att Doc Num

Name

400944451	COMPLETED INTERVAL REPORT
400977719	WELLBORE DIAGRAM
401176140	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

Permit	Passes permitting.	01/02/2017
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Total: 1 comment(s)