

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



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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: wszabo@terraep.com

5. API Number 05-045-23257-00 6. County: GARFIELD
 7. Well Name: YOUBERG Well Number: RU 413-7
 8. Location: QtrQtr: LOT 3 Section: 7 Township: 7S Range: 93W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

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

Treatment Date: 01/09/2017 End Date: 01/13/2017 Date of First Production this formation: 01/16/2017

Perforations Top: 7293 Bottom: 9194 No. Holes: 240 Hole size: 35/100

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

55378 BBLs Slickwater; 1066851 mesh/100; (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): 55378 Max pressure during treatment (psi): 5796

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): 0.76

Total acid used in treatment (bbl): _____ Number of staged intervals: 10

Recycled water used in treatment (bbl): 55378 Flowback volume recovered (bbl): 22321

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1066851 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/26/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 1019 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1019 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2250 Tubing PSI: 1475 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1093 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9004 Tbg setting date: 01/22/2017 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:

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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>
401212088	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)