

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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Document Number:

401483058

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: Kellye Garcia  
Phone: (832) 726-1159  
Fax:  
Email: kgarcia@terraep.com

5. API Number 05-045-23475-00  
6. County: GARFIELD  
7. Well Name: CHEVRON  
Well Number: TR 13-24-597  
8. Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6  
9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/11/2017 End Date: 10/18/2017 Date of First Production this formation: 12/04/2017

Perforations Top: 9994 Bottom: 10177 No. Holes: 30 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

11106 bbls of slickwater; 215262.5 100/Mesh; 248 gals of biocide

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 11112

Max pressure during treatment (psi): 6876

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): 0.60

Total acid used in treatment (bbl):

Number of staged intervals: 2

Recycled water used in treatment (bbl): 11106

Flowback volume recovered (bbl): 6190

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 215262

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:

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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/11/2017 End Date: 10/18/2017 Date of First Production this formation: 12/04/2017

Perforations Top: 10197 Bottom: 10318 No. Holes: 18 Hole size: 35/100

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

6869 bbls of slickwater; 133987.5 100/Mesh; 159 gals of biocide

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 6873

Max pressure during treatment (psi): 6876

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): 0.60

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl): 6869

Flowback volume recovered (bbl): 3714

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 133987

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:

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.

FORMATION: WILLIAMS FORK-CAMEO-COZZETTE-CORCORAN Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/11/2017 End Date: 10/18/2017 Date of First Production this formation: 12/04/2017  
Perforations Top: 7658 Bottom: 10318 No. Holes: 288 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

119772 bbls of slickwater; 2387810 100/Mesh; 2604 gals of biocide

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 119834

Max pressure during treatment (psi): 6876

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): 0.60

Total acid used in treatment (bbl):

Number of staged intervals: 12

Recycled water used in treatment (bbl): 119772

Flowback volume recovered (bbl): 59452

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2387810

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 12/04/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 2000 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2000 Bbl H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 2093 Tubing PSI: 1572 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 984 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10034 Tbg setting date: 10/28/2017 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.

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

Treatment Date: 10/11/2017 End Date: 10/18/2017 Date of First Production this formation: 12/04/2017

Perforations Top: 7658 Bottom: 9708 No. Holes: 240 Hole size: 35/100

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

101797 bbls of slickwater; 2038560 100/Mesh; 2197 gals of biocide

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 101849

Max pressure during treatment (psi): 6876

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): 0.60

Total acid used in treatment (bbl):

Number of staged intervals: 10

Recycled water used in treatment (bbl): 101797

Flowback volume recovered (bbl): 49520

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2038560

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:

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 volumes are estimates based on the commingled volume.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Kellye Garcia

Title: Land & Regulatory Tech Date: Email kgarcia@terraep.com

### Attachment Check List

Att Doc Num Name

401483080 WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)