

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:  
401360534

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08/03/2017

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 05-045-23345-00  
6. County: GARFIELD  
7. Well Name: Chevron  
Well Number: TR 513-21-597  
8. Location: QtrQtr: SESW Section: 21 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: 05/05/2017 End Date: 06/22/2017 Date of First Production this formation: 07/12/2017

Perforations Top: 8903 Bottom: 9053 No. Holes: 21 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

3913 bbls of slickwater; 193 gals of biocide; No Proppant

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

Total fluid used in treatment (bbl): 3918

Max pressure during treatment (psi): 6829

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): 0.55

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl): 3913

Flowback volume recovered (bbl): 2499

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

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:

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: 05/05/2017 End Date: 06/22/2017 Date of First Production this formation: 07/12/2017

Perforations Top: 9084 Bottom: 9223 No. Holes: 18 Hole size: 35/100

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

3656 bbls of slickwater; 78 gals of biocide; No Proppant

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

Total fluid used in treatment (bbl): 3658

Max pressure during treatment (psi): 6829

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): 0.55

Total acid used in treatment (bbl):

Number of staged intervals: 2

Recycled water used in treatment (bbl): 3656

Flowback volume recovered (bbl): 2142

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

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:

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: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/05/2017 End Date: 06/22/2017 Date of First Production this formation: 07/12/2017

Perforations Top: 9255 Bottom: 9323 No. Holes: 9 Hole size: 35/100

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

1858 bbls of slickwater; 30 gals of biocide; No Proppant

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

Total fluid used in treatment (bbl): 1859

Max pressure during treatment (psi): 6829

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): 0.55

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: 1

Recycled water used in treatment (bbl): 1858

Flowback volume recovered (bbl): 1071

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: RECYCLE

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](http://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-SEGO Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 07/12/2017

Perforations Top: 6786 Bottom: 9383 No. Holes: 264 Hole size: 35/100

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

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

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: 07/12/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 2800 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2800 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1818 Tubing PSI: 1834 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1077 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7853 Tbg setting date: 07/01/2017 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: 05/05/2017 End Date: 06/22/2017 Date of First Production this formation: 07/12/2017

Perforations Top: 6786 Bottom: 8591 No. Holes: 216 Hole size: 35/100

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

39001 bbls of slickwater; 2205 gals of biocide; No Proppant

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

Total fluid used in treatment (bbl): 39054

Max pressure during treatment (psi): 6829

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): 0.55

Total acid used in treatment (bbl):

Number of staged intervals: 9

Recycled water used in treatment (bbl): 39001

Flowback volume recovered (bbl): 25704

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

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:

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 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 Teck Date: 8/3/2017 Email: kgarcia@terraep.com

## Attachment Check List

Att Doc Num Name

401360534 FORM 5A SUBMITTED

401363888 WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)