

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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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: Kellye Garcia  
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (832) 726-1159  
 3. Address: PO BOX 370 Fax: \_\_\_\_\_  
 City: PARACHUTE State: CO Zip: 81635 Email: kgarcia@terraep.com

5. API Number 05-045-23352-00 6. County: GARFIELD  
 7. Well Name: Chevron Well Number: TR 523-21-597  
 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: 05/06/2017 End Date: 06/21/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 8770 Bottom: 8907 No. Holes: 15 Hole size: 35/100

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

3231 bbls of slickwater; 172 gals of biocide; No Proppant

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3235 Max pressure during treatment (psi): 6292

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): 3231 Flowback volume recovered (bbl): 1925

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: 05/06/2017 End Date: 06/21/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 8944 Bottom: 9120 No. Holes: 24 Hole size: 35/100

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

4860 bbls of slickwater; 247 gals of biocide; No Proppant

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 4866 Max pressure during treatment (psi): 6292

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): 4860 Flowback volume recovered (bbl): 3080

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: 05/06/2017 End Date: 06/21/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 9137 Bottom: 9208 No. Holes: 9 Hole size: 35/100

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

1753 bbls of slickwater; 86 gals of biocide; No Proppant

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 1755 Max pressure during treatment (psi): 6292

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): 1753 Flowback volume recovered (bbl): 1155

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

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 07/17/2017  
Perforations Top: 6661 Bottom: 9208 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: 07/17/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 2400 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2400 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1755 Tubing PSI: 1488 Choke Size: 21/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1069 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8957 Tbg setting date: 07/06/2017 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: 05/06/2017 End Date: 06/21/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 6661 Bottom: 8445 No. Holes: 216 Hole size: 35/100

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

39147 bbls of slickwater; 2300 gals of biocide; No Proppant

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 39201 Max pressure during treatment (psi): 6292

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): 39147 Flowback volume recovered (bbl): 27720

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

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 401360730 FORM 5A SUBMITTED, 401363869 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row: Stamp Upon Approval

Total: 0 comment(s)