

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:

401359154

Date Received:

01/22/2018

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 05-045-23350-00
6. County: GARFIELD
7. Well Name: Chevron
Well Number: TR 323-21-597
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: 05/04/2017 End Date: 06/21/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 8988 Bottom: 9128 No. Holes: 18 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

3475 bbls of slickwater; 195 gals of biocide; No Proppant

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

Total fluid used in treatment (bbl): 3480

Max pressure during treatment (psi): 7725

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): 0.54

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl): 3475

Flowback volume recovered (bbl): 2214

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: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/04/2017</u>		End Date: <u>06/21/2017</u>		Date of First Production this formation: <u>07/17/2017</u>	
Perforations	Top: <u>9164</u>	Bottom: <u>9327</u>	No. Holes: <u>24</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
5000 bbls of slickwater; 110 gals of biocide; No Proppant					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>5002</u>			Max pressure during treatment (psi): <u>7725</u>		
Total gas used in treatment (mcf): _____			Fluid density at initial fracture (lbs/gal): <u>8.43</u>		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): <u>0.54</u>		
Total acid used in treatment (bbl): _____			Number of staged intervals: <u>2</u>		
Recycled water used in treatment (bbl): <u>5000</u>			Flowback volume recovered (bbl): <u>2952</u>		
Fresh water used in treatment (bbl): _____			Disposition method for flowback: <u>RECYCLE</u>		
Total proppant used (lbs): _____			Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 05/04/2017 End Date: 06/21/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 9355 Bottom: 9412 No. Holes: 6 Hole size: 35/100

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

1281 bbls of slickwater; 15 gals of biocide; No Proppant

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

Total fluid used in treatment (bbl): 1281

Max pressure during treatment (psi): 7725

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): 0.54

Total acid used in treatment (bbl): _____

Number of staged intervals: 1

Recycled water used in treatment (bbl): 1281

Flowback volume recovered (bbl): 740

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: _____
Perforations Top: 6781 Bottom: 9412 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: 2200 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2200 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1724 Tubing PSI: 1520 Choke Size: 21/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1071 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9160 Tbg setting date: 07/07/2017 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: 05/04/2017 End Date: 06/21/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 6781 Bottom: 8658 No. Holes: 216 Hole size: 35/100

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

40252 bbls of slickwater; 2505 gals of biocide; No Proppant

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

Total fluid used in treatment (bbl): 40312

Max pressure during treatment (psi): 7725

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): 0.54

Total acid used in treatment (bbl):

Number of staged intervals: 9

Recycled water used in treatment (bbl): 40252

Flowback volume recovered (bbl): 26568

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: 1/22/2018 Email: kgarcia@terraep.com

Attachment Check List

Att Doc Num Name

401359154 FORM 5A SUBMITTED

401521010 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)