

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 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 05-045-23508-00 6. County: GARFIELD 7. Well Name: GM Well Number: 423-4 8. Location: QtrQtr: LOT 7 Section: 5 Township: 7S Range: 96W Meridian: 6 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 11/29/2017 End Date: 12/01/2017 Date of First Production this formation: 12/14/2017 Perforations Top: 5399 Bottom: 7107 No. Holes: 216 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: 41894 bbls of slickwater; 753300 100/Mesh; 1072 gals of biocide

This formation is commingled with another formation: No Total fluid used in treatment (bbl): 41920 Max pressure during treatment (psi): 5225 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): 8.43 Total acid used in treatment (bbl): Number of staged intervals: 9 Recycled water used in treatment (bbl): 41894 Flowback volume recovered (bbl): 7524 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 753300 Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/14/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 2035 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2035 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 1370 Tubing PSI: 1325 Choke Size: 20/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6916 Tbg setting date: 12/07/2017 Packer Depth:

Reason for Non-Production: Date formation Abandoned: Squeeze: 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: Kellye Garcia
Title: Land & Regulatory Tech Date: 1/8/2018 Email kgarcia@terraep.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401505705	FORM 5A SUBMITTED
401505709	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)