

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:

401483119

Date Received:

12/12/2017

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 05-045-23472-00  
6. County: GARFIELD  
7. Well Name: CHEVRON  
Well Number: TR 413-24-597  
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: 10/12/2017 End Date: 10/19/2017 Date of First Production this formation: 12/04/2017

Perforations Top: 10029 Bottom: 10231 No. Holes: 30 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

11705 bbls of slickwater; 232100 100/Mesh; 250 gals of biocide

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

Total fluid used in treatment (bbl): 11711

Max pressure during treatment (psi): 7132

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: 2

Recycled water used in treatment (bbl): 11705

Flowback volume recovered (bbl): 5505

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 232100

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: 10/12/2017 End Date: 10/19/2017 Date of First Production this formation: 12/04/2017

Perforations Top: 10252 Bottom: 10380 No. Holes: 18 Hole size: 35/100

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

7145 bbls of slickwater; 147300 100/Mesh; 165 gals of biocide

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

Total fluid used in treatment (bbl): 7149

Max pressure during treatment (psi): 7132

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): 7145

Flowback volume recovered (bbl): 3303

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 147300

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: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7641 Bottom: 10380 No. Holes: 288 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: 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: 2189 Tubing PSI: 1516 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1025 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10104 Tbg setting date: 10/29/2017 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: 10/12/2017 End Date: 10/19/2017 Date of First Production this formation: 12/04/2017

Perforations Top: 7641 Bottom: 9744 No. Holes: 240 Hole size: 35/100

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

102233 bbls of slickwater; 2039125 100/Mesh; 2145 gals of biocide

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

Total fluid used in treatment (bbl): 102284

Max pressure during treatment (psi): 7132

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: 10

Recycled water used in treatment (bbl): 102233

Flowback volume recovered (bbl): 44040

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2039125

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 & Regulatory Tech Date: 12/12/2017 Email: kgarcia@terraep.com

### Attachment Check List

Att Doc Num Name

401483119 FORM 5A SUBMITTED

401483143 WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)