

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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401543868
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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 05-045-23440-00 6. County: GARFIELD
 7. Well Name: WARE Well Number: SR 423-12
 8. Location: QtrQtr: NESW Section: 12 Township: 7S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/02/2018 End Date: 01/06/2018 Date of First Production this formation: 01/25/2018

Perforations Top: 7152 Bottom: 9333 No. Holes: 240 Hole size: 35/100

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

53179 bbls of slickwater; 1011300 100/Mesh; 1364 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 53211 Max pressure during treatment (psi): 7969

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): 0.67

Total acid used in treatment (bbl): _____ Number of staged intervals: 10

Recycled water used in treatment (bbl): 53179 Flowback volume recovered (bbl): 25467

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1011300 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/25/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 1369 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1369 Bbl H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 1875 Tubing PSI: 1150 Choke Size: 17/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1102 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9098 Tbg setting date: 01/20/2018 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:

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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: 2/14/2018 Email kgarcia@terraep.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401543868	FORM 5A SUBMITTED
401543883	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)