

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401570840

Date Received: 03/12/2018

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 05-045-23444-00
6. County: GARFIELD
7. Well Name: WARE Well Number: SR 512-12
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: 01/13/2018 End Date: 01/17/2018 Date of First Production this formation: 02/21/2018

Perforations Top: 7854 Bottom: 9751 No. Holes: 480 Hole size: 35/100

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

50829 bbls of slickwater; 954800 100/Mesh; 1286 gals of biocide

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 50860 Max pressure during treatment (psi): 6650
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): 0.75
Total acid used in treatment (bbl): Number of staged intervals: 10
Recycled water used in treatment (bbl): 50829 Flowback volume recovered (bbl): 17044
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 954800 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/20/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 1026 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1026 Bbl H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1200 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1046 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9564 Tbg setting date: 02/23/2018 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: 3/12/2018 Email kgarcia@terraep.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401570840	FORM 5A SUBMITTED
401570842	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)