

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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Date Received:

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 05-103-10619-00 6. County: RIO BLANCO 7. Well Name: FEDERAL Well Number: 399-1-1 8. Location: QtrQtr: NENE Section: 1 Township: 3S Range: 99W Meridian: 6 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CAMEO-COZZETTE-CORCORAN-SEGO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2006 End Date: 05/19/2006 Date of First Production this formation: 12/04/2006 Perforations Top: 8334 Bottom: 9572 No. Holes: 159 Hole size: 35/100

Provide a brief summary of the formation treatment: 11079 bbls of slickwater; 379000 30/50 Sand

This formation is commingled with another formation: [ ] Yes [X] No Total fluid used in treatment (bbl): 11079 Max pressure during treatment (psi): 5379 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): 0.58 Total acid used in treatment (bbl): Number of staged intervals: 5 Recycled water used in treatment (bbl): 11079 Flowback volume recovered (bbl): 11175 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 379000 Rule 805 green completion techniques were utilized: [ ] Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: 0 Bbl oil: 0 Mcf Gas: 1150 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1150 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 1225 Choke Size: 14/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1164 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6585 Tbg setting date: 12/01/2006 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: CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2006 End Date: 05/10/2006 Date of First Production this formation: 12/02/2006

Perforations Top: 8334 Bottom: 8616 No. Holes: 69 Hole size: 35/100

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

4279 bbls of slickwater; 142750 30/50 Sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 4279 Max pressure during treatment (psi): 5379

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): 0.58

Total acid used in treatment (bbl): Number of staged intervals: 2

Recycled water used in treatment (bbl): 4279 Flowback volume recovered (bbl): 4315

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

Total proppant used (lbs): 142750 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

**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: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2006 End Date: 05/10/2006 Date of First Production this formation: 12/01/2006

Perforations Top: 8894 Bottom: 9056 No. Holes: 33 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

2233 bbls of slickwater; 76000 30/50 Sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 2233 Max pressure during treatment (psi): 5379

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): 0.58

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 1

Recycled water used in treatment (bbl): 2233 Flowback volume recovered (bbl): 2278

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

Total proppant used (lbs): 76000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

**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: 05/09/2006 End Date: 05/10/2006 Date of First Production this formation: 12/02/2006

Perforations Top: 9292 Bottom: 9294 No. Holes: 6 Hole size: 35/100

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

814 bbls of slickwater; 28166 30/50 Sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 814 Max pressure during treatment (psi): 5379

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): 0.58

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): 774 Flowback volume recovered (bbl): 825

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

Total proppant used (lbs): 28166 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

**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: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2006 End Date: 05/10/2006 Date of First Production this formation: 12/02/2006

Perforations Top: 9310 Bottom: 9572 No. Holes: 51 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

3752 bbls of slickwater; 132083 30/50 Sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3752 Max pressure during treatment (psi): 5379

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): 0.58

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 2

Recycled water used in treatment (bbl): 3752 Flowback volume recovered (bbl): 3757

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

Total proppant used (lbs): 132083 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

**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:

This Form 5A is reporting the status change from waiting on completion to producing.

All flowback volumes are based on commingled volume.

All stages contained a small 50Q C02 prepad to aid in flow back. Intervals were treated over the course of 2 days and flowed back overnight.

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: \_\_\_\_\_ Email kgarcia@terraep.com

**Attachment Check List**

Att Doc Num	Name
401263972	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)