

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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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 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 05-045-23722-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: PA 431-26
 8. Location: QtrQtr: NESW Section: 26 Township: 6S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 07/31/2018 End Date: 08/08/2018 Date of First Production this formation: 09/03/2018

Perforations Top: 6439 Bottom: 8914 No. Holes: 264 Hole size: 35/100

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

68627 bbls of slickwater; 1920788 100/Mesh; 2636 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 68690 Max pressure during treatment (psi): 7910

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): 0.79

Total acid used in treatment (bbl): _____ Number of staged intervals: 12

Recycled water used in treatment (bbl): 68627 Flowback volume recovered (bbl): 33319

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

Total proppant used (lbs): 1920788 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/03/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 1490 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1490 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1873 Tubing PSI: 1370 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1118 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8660 Tbg setting date: 08/27/2018 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: _____ Email: kgarcia@terraep.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401765916	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)