

FORM
5ARev
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:

401766061

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 05-045-23726-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: PA 531-26
 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 STIMULATIONTreatment Date: 07/31/2018 End Date: 08/08/2018 Date of First Production this formation: 09/03/2018Perforations Top: 6250 Bottom: 8730 No. Holes: 264 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐66894 bbls of slickwater; 1869900 100/Mesh; 2569 gals of biocideThis formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 66955Max pressure during treatment (psi): 7659

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): 0.82

Total acid used in treatment (bbl): _____

Number of staged intervals: 12Recycled water used in treatment (bbl): 66894Flowback volume recovered (bbl): 33718

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 1869900Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/31/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 1992 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1992 Bbl H2O: 0 GOR: 0Test Method: FLOWING Casing PSI: 1775 Tubing PSI: 1278 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1118 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 8494 Tbg setting date: 08/24/2018 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

Att Doc Num **Name**

401766064	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)