

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <p style="text-align: center;">401767348</p> Date Received:				
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: <u>96850</u> 2. Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u> 3. Address: <u>PO BOX 370</u> City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	4. Contact Name: <u>Kellye Garcia</u> Phone: <u>(832) 726-1159</u> Fax: _____ Email: <u>kgarcia@terraep.com</u>
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5. API Number <u>05-103-05094-00</u> 7. Well Name: <u>GOVERNMENT</u> 8. Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>2S</u> 9. Field Name: <u>SULPHUR CREEK</u> Field Code: <u>80090</u>	6. County: <u>RIO BLANCO</u> Well Number: <u>298-33-1</u> Range: <u>98W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>WASATCH</u>	Status: <u>SHUT IN</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>09/22/1961</u>	End Date: <u>09/22/1961</u>	Date of First Production this formation: <u>09/23/1961</u>
Perforations Top: <u>3612</u>	Bottom: <u>4259</u>	No. Holes: <u>110</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____	
Total acid used in treatment (bbl): _____	Number of staged intervals: _____	
Recycled water used in treatment (bbl): <u>571</u>	Flowback volume recovered (bbl): _____	
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>	
Total proppant used (lbs): <u>39000</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		

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: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4258</u>	Tbg setting date: <u>09/22/1961</u>	Packer Depth: _____	
Reason for Non-Production: 				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.		

Comment:

This well was completed in 1961. The data in this report is what Terra could gather from this well being very old and reporting not well kept. The wellbore diagram attached is the most current diagram we have that was submitted with the Form 6 also.

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

<u>Att Doc Num</u>	<u>Name</u>
401767360	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)