

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:

401901057

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: Jeff Kirtland
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2736
 3. Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635 Email: jkirtland@terraep.com

5. API Number 05-045-23791-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: PA 533-24
 8. Location: QtrQtr: Lot 14 Section: 19 Township: 6S Range: 94W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 11/18/2018 End Date: 11/26/2018 Date of First Production this formation: 12/17/2018Perforations Top: 6240 Bottom: 8858 No. Holes: 312 Hole size: 35/100Provide a brief summary of the formation treatment: Open Hole: ☐100708 bbls of Slickwater; 1970300 100/Mesh; 2481 gals of biocide; 2250 gals of acidThis formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 100821Max pressure during treatment (psi): 8672

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): 0.78Total acid used in treatment (bbl): 54Number of staged intervals: 13Recycled water used in treatment (bbl): 100708Flowback volume recovered (bbl): 35952Fresh water used in treatment (bbl): 59Disposition method for flowback: RECYCLETotal proppant used (lbs): 1970300Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/17/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 2300 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2300 Bbl H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 2304 Tubing PSI: 1963 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1132 API Gravity Oil: 0

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:

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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: Ashley Noonan

Title: Sr. Regulatory Analyst Date: _____ Email: anoonan@terraep.com
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Attachment Check List

Att Doc Num **Name**

401901066	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)