

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:

401928197

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: Jeff Kirtland
 Phone: (970) 263-2736
 Fax: _____
 Email: jkirtland@terraep.com

5. API Number 05-045-23944-00
 6. County: GARFIELD
 7. Well Name: 5-MILE RANCH
 Well Number: SG 23-26
 8. Location: QtrQtr: LOT 6 Section: 26 Township: 7S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 12/17/2018 End Date: 12/21/2018 Date of First Production this formation: 01/14/2019

Perforations Top: 3680 Bottom: 5317 No. Holes: 168 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

56608 bbls of Slickwater; 522 gals of Biocide

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 56620

Max pressure during treatment (psi): 5042

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): 0.71

Total acid used in treatment (bbl): 0

Number of staged intervals: 8

Recycled water used in treatment (bbl): 56608

Flowback volume recovered (bbl): 9668

Fresh water used in treatment (bbl): 12

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/14/2019 Hours: 24 Bbl oil: 0 Mcf Gas: 3365 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3365 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 857 Tubing PSI: 935 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1084 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5145 Tbg setting date: 12/28/2018 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: Ashley Noonan

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

Att Doc Num **Name**

401933450	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)