

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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Document Number: 402005448

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 05-045-24025-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: GM 12-8
 8. Location: QtrQtr: SWNE Section: 8 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: 02/22/2019 End Date: 02/27/2019 Date of First Production this formation: 03/20/2019

Perforations Top: 5481 Bottom: 7032 No. Holes: 189 Hole size: 35/100

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

53403 bbLs of Slickwater; 721 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 53420 Max pressure during treatment (psi): 7437
 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): 0.68
 Total acid used in treatment (bbl): 0 Number of staged intervals: 9
 Recycled water used in treatment (bbl): 53403 Flowback volume recovered (bbl): 15294
 Fresh water used in treatment (bbl): 17 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: 03/20/2019 Hours: 24 Bbl oil: 0 Mcf Gas: 1800 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1800 Bbl H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 1350 Tubing PSI: 1050 Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6867 Tbg setting date: 03/09/2019 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:

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
:

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|------------------|
| 402007490 | WELLBORE DIAGRAM |
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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| | | Stamp Upon Approval |

Total: 0 comment(s)