

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-24016-00 6. County: GARFIELD 7. Well Name: FEDERAL Well Number: GM 422-8 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: 02/28/2019 End Date: 03/04/2019 Date of First Production this formation: 03/21/2019 Perforations Top: 5397 Bottom: 6918 No. Holes: 189 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [] 69692 bbLs of Slickwater; 952 gals of biocide

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 69715 Max pressure during treatment (psi): 5835 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): 69692 Flowback volume recovered (bbl): 11523 Fresh water used in treatment (bbl): 23 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/21/2019 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: 1500 Tubing PSI: 1300 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: 6780 Tbg setting date: 03/12/2019 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

<u>Att Doc Num</u>	<u>Name</u>
402007441	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)