

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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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: Kellye Garcia Phone: (832) 726-1159 Fax: Email: kgarcia@terraep.com

5. API Number 05-045-23726-00
6. County: GARFIELD
7. Well Name: FEDERAL Well Number: PA 531-26
8. Location: QtrQtr: NESW Section: 26 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 07/31/2018 End Date: 08/08/2018 Date of First Production this formation: 09/03/2018

Perforations Top: 6250 Bottom: 8730 No. Holes: 264 Hole size: 35/100

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

66894 bbls of slickwater; 1869900 100/Mesh; 2569 gals of biocide

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 66955 Max pressure during treatment (psi): 7659
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): 0.82
Total acid used in treatment (bbl): Number of staged intervals: 12
Recycled water used in treatment (bbl): 66894 Flowback volume recovered (bbl): 33718
Fresh water used in treatment (bbl): 61 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1869900 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: 08/31/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 1992 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1992 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1775 Tubing PSI: 1278 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1118 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8494 Tbg setting date: 08/24/2018 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: Kellye Garcia

Title: Land & Regulatory Tech Date: 10/2/2018 Email kgarcia@terraep.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401766061	FORM 5A SUBMITTED
401766064	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review.	12/20/2019

Total: 1 comment(s)