

Document Number:
402291220

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 05-045-24095-00 6. County: GARFIELD
 7. Well Name: PUCKETT Well Number: GM 513-8
 8. Location: QtrQtr: NESW 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: 12/02/2019 End Date: 12/05/2019 Date of First Production this formation: 01/07/2020
 Perforations Top: 4980 Bottom: 6542 No. Holes: 165 Hole size: 35/100

Provide a brief summary of the formation treatment: 33449 bbls of Slickwater; 488 gals of biocide Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 33461 Max pressure during treatment (psi): 6527
 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): 0.61
 Total acid used in treatment (bbl): 0 Number of staged intervals: 11
 Recycled water used in treatment (bbl): 33449 Flowback volume recovered (bbl): 21233
 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: 01/07/2020 Hours: 24 Bbl oil: 0 Mcf Gas: 1300 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1300 Bbl H2O: 0 GOR: _____
 Test Method: Flowing Casing PSI: 810 Tubing PSI: 810 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1086 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6378 Tbg setting date: 12/12/2019 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:

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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
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402296762	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)