

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 05-045-24098-00
6. County: GARFIELD
7. Well Name: PUCKETT Well Number: GM 434-8
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: 12/05/2019 End Date: 12/11/2019 Date of First Production this formation: 01/07/2020

Perforations Top: 5214 Bottom: 6798 No. Holes: 165 Hole size: 35/100

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

56302 bbls of Slickwater; 583 gals of biocide

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

Total fluid used in treatment (bbl): 56316 Max pressure during treatment (psi): 6367
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): 0.62
Total acid used in treatment (bbl): 0 Number of staged intervals: 11
Recycled water used in treatment (bbl): 56302 Flowback volume recovered (bbl): 16453
Fresh water used in treatment (bbl): 14 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: 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: 1329 Tubing PSI: 1327 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: 6646 Tbg setting date: 12/16/2019 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>
402296641	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)