

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) 892-2109



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 05-045-24094-00
6. County: GARFIELD
7. Well Name: PUCKETT Well Number: GM 514-8
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: 5168 Bottom: 6771 No. Holes: 165 Hole size: 35/100

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

57084 bbls of Slickwater; 588 gals of biocide

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

Total fluid used in treatment (bbl): 57098 Max pressure during treatment (psi): 6250
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): 57084 Flowback volume recovered (bbl): 16520
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: 1238 Tubing PSI: 1238 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: 6612 Tbg setting date: 12/15/2019 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  
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### Attachment Check List

**Att Doc Num**      **Name**

402296645	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>
		Stamp Upon Approval

Total: 0 comment(s)