

Document Number:
401655738

Date Received:
05/29/2018

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: Kellye Garcia
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (832) 726-1159
 3. Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635 Email: kgarcia@terraep.com

5. API Number 05-045-23646-00 6. County: GARFIELD
 7. Well Name: TRI STATE TRUCKING Well Number: PA 514-24
 8. Location: QtrQtr: SENW Section: 25 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: 04/22/2018 End Date: 04/26/2018 Date of First Production this formation: 05/10/2018
 Perforations Top: 6228 Bottom: 8529 No. Holes: 264 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole:
59074 bbls of slickwater; 1144707 100/Mesh; 1296 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 59105 Max pressure during treatment (psi): 8345
 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): 0.87
 Total acid used in treatment (bbl): _____ Number of staged intervals: 11
 Recycled water used in treatment (bbl): 59074 Flowback volume recovered (bbl): 8581
 Fresh water used in treatment (bbl): 31 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 1144707 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/06/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 900 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 900 Bbl H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 2660 Tubing PSI: 2165 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1082 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8314 Tbg setting date: 05/01/2018 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:

--

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: 5/29/2018 Email kgarcia@terraep.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401655738	FORM 5A SUBMITTED
401655748	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added biocide bbls to total fresh water. Passed Completion review.	02/28/2020

Total: 1 comment(s)