

Document Number:
 402339347

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 05-045-24270-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: RWF 323-12
 8. Location: QtrQtr: LOT 5 Section: 12 Township: 6S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 01/16/2020 End Date: 01/23/2020 Date of First Production this formation: 02/13/2020
 Perforations Top: 5764 Bottom: 9001 No. Holes: 294 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole:
149239 bbls of Slickwater; 1498050 100 Mesh, 4787 gals of Biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 149353 Max pressure during treatment (psi): 8680
 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): 0.86
 Total acid used in treatment (bbl): 0 Number of staged intervals: 14
 Recycled water used in treatment (bbl): 149239 Flowback volume recovered (bbl): 29052
 Fresh water used in treatment (bbl): 114 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 1498050 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/13/2020 Hours: 24 Bbl oil: 0 Mcf Gas: 761 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 761 Bbl H2O: 0 GOR: _____
 Test Method: Flowing Casing PSI: 1623 Tubing PSI: 1317 Choke Size: 28/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1014 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8661 Tbg setting date: 01/29/2020 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
:

Attachment Check List

Att Doc Num **Name**

402345041	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)