

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.

Document Number:
402294627

Date Received:
01/28/2020

1. OGCC Operator Number: <u>96850</u>	4. Contact Name: <u>Jeff Kirtland</u>
2. Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2736</u>
3. Address: <u>PO BOX 370</u>	Fax: _____
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>jkirtland@terraep.com</u>

5. API Number <u>05-045-24090-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>PUCKETT</u>	Well Number: <u>GM 313-8</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>8</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>11/28/2019</u>	End Date: <u>12/05/2019</u>	Date of First Production this formation: <u>01/07/2020</u>
Perforations Top: <u>5025</u>	Bottom: <u>6590</u>	No. Holes: <u>165</u> Hole size: <u>35/100</u>

Provide a brief summary of the formation treatment: 34258 bbls of Slickwater; 509 gals of biocide Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>34270</u>	Max pressure during treatment (psi): <u>6837</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.67</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>11</u>
Recycled water used in treatment (bbl): <u>34258</u>	Flowback volume recovered (bbl): <u>21867</u>
Fresh water used in treatment (bbl): <u>12</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>0</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/07/2019</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>1500</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>1500</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>527</u>	Tubing PSI: <u>527</u>	Choke Size: <u>48/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1086</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6449</u>	Tbg setting date: <u>12/14/2019</u>	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: 1/28/2020 Email: anoonan@terraep.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402294627	FORM 5A SUBMITTED
402296635	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review.	04/01/2020

Total: 1 comment(s)