

FORM 5A Rev 06/12



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 05-045-24274-00 6. County: GARFIELD 7. Well Name: FEDERAL Well Number: RWF 431-12 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: 04/27/2020 End Date: 05/09/2020 Date of First Production this formation: 06/10/2020 Perforations Top: 5700 Bottom: 9025 No. Holes: 315 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: 196460 bbls of Slickwater; 1985814 100 Mesh, 6554 gals of Biocide

This formation is commingled with another formation: No Total fluid used in treatment (bbl): 196616 Max pressure during treatment (psi): 8401 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): 0.90 Total acid used in treatment (bbl): 0 Number of staged intervals: 15 Recycled water used in treatment (bbl): 196460 Flowback volume recovered (bbl): 52809 Fresh water used in treatment (bbl): 156 Disposition method for flowback: RECYCLE Total proppant used (lbs): 1985814 Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/10/2020 Hours: 24 Bbl oil: 0 Mcf Gas: 934 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 934 Bbl H2O: 0 GOR: Test Method: Flowing Casing PSI: 1759 Tubing PSI: 1237 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: 8695 Tbg setting date: 05/16/2020 Packer Depth:

Reason for Non-Production: Date formation Abandoned: Squeeze: 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**

402434912	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)