

Document Number:  
402428715

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 05-045-24007-00 6. County: GARFIELD  
 7. Well Name: STRAIT BOTTOM RANCH Well Number: SG 22-22  
 8. Location: QtrQtr: LOT 8 Section: 22 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: 05/13/2020 End Date: 05/17/2020 Date of First Production this formation: 06/10/2020  
 Perforations Top: 4591 Bottom: 6191 No. Holes: 210 Hole size: 35/100

Provide a brief summary of the formation treatment: 38046 bbls of Slickwater; 0 100 Mesh, 1253 gals of Biocide Open Hole:

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 38076 Max pressure during treatment (psi): 7366  
 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): 0.59  
 Total acid used in treatment (bbl): 0 Number of staged intervals: 10  
 Recycled water used in treatment (bbl): 38046 Flowback volume recovered (bbl): 11667  
 Fresh water used in treatment (bbl): 30 Disposition method for flowback: RECYCLE  
 Total proppant used (lbs): 0 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: 3612 Bbl H2O: 0  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3612 Bbl H2O: 0 GOR: \_\_\_\_\_  
 Test Method: Flowing Casing PSI: 1150 Tubing PSI: 1151 Choke Size: 32/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1076 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6046 Tbg setting date: 05/29/2020 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  
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### Attachment Check List

**Att Doc Num**      **Name**

402441232	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)