

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 402430429 Date Received: 07/03/2020

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 05-045-24006-00 6. County: GARFIELD 7. Well Name: STRAIT BOTTOM RANCH Well Number: SG 412-22 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: 06/04/2020 Perforations Top: 4444 Bottom: 6130 No. Holes: 210 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

40117 bbls of Slickwater; 0 100 Mesh, 1352 gals of Biocide

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 40149 Max pressure during treatment (psi): 7453 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): 0.63 Total acid used in treatment (bbl): 0 Number of staged intervals: 10 Recycled water used in treatment (bbl): 40117 Flowback volume recovered (bbl): 13340 Fresh water used in treatment (bbl): 32 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/04/2020 Hours: 24 Bbl oil: 0 Mcf Gas: 4132 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4132 Bbl H2O: 0 GOR: Test Method: Flowing Casing PSI: 1277 Tubing PSI: 1075 Choke Size: 32/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1041 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5970 Tbg setting date: 05/22/2020 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:

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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: 7/3/2020 Email: anoonan@terraep.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402430429	FORM 5A SUBMITTED
402437536	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review.	08/24/2020

Total: 1 comment(s)