

**FORM**  
**5A**  
Rev  
09/20

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
402589903

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: <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>05-045-24309-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>PA 514-23</u>
8. Location: QtrQtr: <u>LOT 2</u> Section: <u>26</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u>	Field Code: <u>67350</u>

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 11/16/2020 End Date: 11/28/2020 Date this Formation was Completed: 01/05/2021

Perforations Top: 5900 Bottom: 8764 No. Holes: 336 Hole size: 0.35 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

141,944 bbls of slickwater, 1,431,328 100/Mesh, 4,749 gals of biocide

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 142057 Max pressure during treatment (psi): 8553

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): 0.67

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 14

Recycled or Reused Fluids used in treatment (bbl): 141944 Flowback volume recovered (bbl): 42262

Fresh water used in treatment (bbl): 113 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1431328

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

01/05/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 2045 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2045 Bbl H2O: 0 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 1726 Tubing PSI: 1456 Choke Size: 0.375  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1110 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8486 Tbg setting date: 12/06/2020 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@progressivepcs.net

## Attachment List

Att Doc Num	Name
402591568	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)