

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:
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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: <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>05-045-24307-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>PA 334-23</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: 5549 Bottom: 8383 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.

106,991 bbls of slickwater, 1,062,423 100/Mesh, 3,585 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 107076 Max pressure during treatment (psi): 8260

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): 0.78

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

Recycled or Reused Fluids used in treatment (bbl): 106991 Flowback volume recovered (bbl): 45401

Fresh water used in treatment (bbl): 85 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1062423

Fracture stimulations must be reported on FracFocus.org

Test Information:

01/05/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 2108 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2108 Bbl H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 1583 Tubing PSI: 1408 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: 8112 Tbg setting date: 12/05/2020 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
402591589	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)