

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) 892-2109



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Document Number:
402590122

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>05-045-24301-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>PA 14-23</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: 01/04/2021

Perforations Top: 6191 Bottom: 8994 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.

139,254 bbls of slickwater, 1,406,971 100/Mesh, 4,673 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 139365 Max pressure during treatment (psi): 8305

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): 0.72

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

Recycled or Reused Fluids used in treatment (bbl): 139254 Flowback volume recovered (bbl): 51635

Fresh water used in treatment (bbl): 111 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1406971

Fracture stimulations must be reported on FracFocus.org

Test Information:

01/05/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 2267 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2267 Bbl H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 2083 Tubing PSI: 1800 Choke Size: 0.312

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1110 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8708 Tbg setting date: 12/04/2020 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
402591806	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)