

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:
402644356

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>05-045-24320-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RWF 514-4</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>8</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

Completed Interval

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

Treatment Date: 01/11/2021 End Date: 01/21/2021 Date this Formation was Completed: 03/03/2021

Perforations Top: 6771 Bottom: 10087 No. Holes: 360 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.

231438 bbls of Slickwater; 2328342 bbls of 100/Mesh; 7442 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 231627 Max pressure during treatment (psi): 8767

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): 12 Number of staged intervals: 15

Recycled or Reused Fluids used in treatment (bbl): 231438 Flowback volume recovered (bbl): 67849

Fresh water used in treatment (bbl): 177 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2328342

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/03/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 3923 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3923 Bbl H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 2446 Tubing PSI: 2194 Choke Size: 0.375

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9769 Tbg setting date: 01/27/2021 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

Attachment List

Att Doc Num	Name
402647756	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)