

**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



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:  
402705714

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>05-045-24360-00</u>   | 6. County: <u>GARFIELD</u>   |
| 7. Well Name: <u>CHEVRON</u>   | Well Number: <u>GM 32-19</u> |
| 8. Location: QtrQtr: <u>SWNW</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u> |                              |
| 9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>  |                              |

## Completed Interval

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

Treatment Date: 03/30/2021 End Date: 04/07/2021 Date this Formation was Completed: 05/06/2021

Perforations Top: 5819 Bottom: 7660 No. Holes: 264 Hole size: 35/100 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.

87619 bbls of Slickwater; 2757 gals Biocide

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 87685 Max pressure during treatment (psi): 7452

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): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 11

Recycled or Reused Fluids used in treatment (bbl): 87619 Flowback volume recovered (bbl): 33879

Fresh water used in treatment (bbl): 66 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

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

### Test Information:

05/06/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 1582 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1582 Bbl H2O: 0 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 1524 Tubing PSI: 1500 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1172 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7469 Tbg setting date: 04/11/2021 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: Senior Regulatory Analyst Date: \_\_\_\_\_ Email: anoonan@terraep.com

## Attachment List

| Att Doc Num | Name             |
|-------------|------------------|
| 402705719   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)