

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:
402797198

Date Received:
09/22/2021

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>05-103-12461-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RG 443-18-297</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>18</u> Township: <u>2S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>SULPHUR CREEK</u> Field Code: <u>80090</u>	

Completed Interval

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

Treatment Date: 05/25/2021 End Date: 06/10/2021 Date this Formation was Completed: 08/12/2021
Perforations Top: 7763 Bottom: 12169 No. Holes: 552 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.

168,612 bbls of Slickwater; 8,333 gals of Biocide; 4000 gals of Acid

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 168905 Max pressure during treatment (psi): 8210
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): 0.64
Total acid used in treatment (bbl): 95 Number of staged intervals: 23
Recycled or Reused Fluids used in treatment (bbl): 168612 Flowback volume recovered (bbl): 115924
Fresh water used in treatment (bbl): 198 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/12/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 1800 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1800 Bbl H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 2435 Tubing PSI: 2136 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1074 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11739 Tbg setting date: 06/22/2021 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: 9/22/2021 Email: anoonan@terraep.com

Attachment List

Att Doc Num	Name
402797198	FORM 5A SUBMITTED
402820060	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Correct total fluid. Passed Completion review.	10/28/2021

Total: 1 comment(s)