

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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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>1058 COUNTY ROAD 215</u>	Fax: _____
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>jkirtland@terraep.com</u>

5. API Number <u>05-045-24363-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CHEVRON</u>	Well Number: <u>GM 541-30</u>
8. Location: QtrQtr: <u>LOT 3</u> Section: <u>29</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 Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/13/2021 End Date: 12/22/2021 Date this Formation was Completed: 01/20/2022

Perforations Top: 5552 Bottom: 7405 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.

132,293 BBLs of Slickwater; 4,252 gals of Biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 132394 Max pressure during treatment (psi): 7457

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.70

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

Recycled or Reused Fluids used in treatment (bbl): 132293 Flowback volume recovered (bbl): 29988

Fresh water used in treatment (bbl): 101 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Fracture stimulations must be reported on FracFocus.org

Test Information:

01/20/2022 Hours: 24 Bbl oil: 0 Mcf Gas: 1717 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1717 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1740 Tubing PSI: 1659 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7260 Tbg setting date: 01/01/2022 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
402951332	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)