

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:  
403073023

Date Received:  
06/20/2022

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>05-045-24404-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RWF 431-9</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>9</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: 04/15/2022 End Date: 04/25/2022 Date this Formation was Completed: 05/18/2022

Perforations Top: 6343 Bottom: 9875 No. Holes: 384 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.

156,291 BBLs of Slickwater; 5,334 gas of Biocide; 1,528,845 lbs of Proppant

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 156418 Max pressure during treatment (psi): 7480

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): 0.76

Total acid used in treatment (bbl): 0 Number of staged intervals: 16

Recycled or Reused Fluids used in treatment (bbl): 156291 Flowback volume recovered (bbl): 40203

Fresh water used in treatment (bbl): 127 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1528845

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

### Test Information:

05/18/2022 Hours: 24 Bbl oil: 0 Mcf Gas: 3426 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3426 Bbl H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 1895 Tubing PSI: 1730 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1137 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9520 Tbg setting date: 04/29/2022 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: 6/20/2022 Email: anoonan@terraep.com

## Attachment List

Att Doc Num	Name
403073023	FORM 5A SUBMITTED
403083674	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Passed Completion review.	07/12/2022

Total: 1 comment(s)