

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:
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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>05-045-24473-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>NR 431-3</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>3</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: 07/12/2022 End Date: 07/22/2022 Date this Formation was Completed: 09/07/2022

Perforations Top: 7437 Bottom: 10786 No. Holes: 336 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.

4,265 gals of Biocide; 126,969 bbls of Slickwater; 1,226,360 lbs of Proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 127071 Max pressure during treatment (psi): 7354

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): 0.71

Total acid used in treatment (bbl): 0 Number of staged intervals: 14

Recycled or Reused Fluids used in treatment (bbl): 126969 Flowback volume recovered (bbl): 39856

Fresh water used in treatment (bbl): 102 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1226360

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/07/2022 Hours: 24 Bbl oil: 0 Mcf Gas: 2500 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2500 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2350 Tubing PSI: 1796 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1103 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10452 Tbg setting date: 08/30/2022 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
403190116	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)