

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>05-045-24463-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>NR 544-36</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: 09/15/2022 End Date: 09/29/2022 Date this Formation was Completed: 11/01/2022

Perforations Top: 7662 Bottom: 11082 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.

192,311 bbls of Slickwater; 1,993,060 of Proppant; 6,412 gals of Biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 192464 Max pressure during treatment (psi): 7327

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): 192311 Flowback volume recovered (bbl): 61158

Fresh water used in treatment (bbl): 153 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1993060

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/01/2022 Hours: 24 Bbl oil: 0 Mcf Gas: 3000 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3000 Bbl H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 2293 Tubing PSI: 1938 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: 10743 Tbg setting date: 10/01/2022 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
403237124	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)