

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
403503147

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>05-045-24547-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>TEP</u>	Well Number: <u>WMC 433-19-793</u>
8. Location: QtrQtr: <u>LOT 2</u> Section: <u>19</u> Township: <u>7S</u> Range: <u>93W</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: 06/22/2023 End Date: 06/30/2023 Date this Formation was Completed: 08/01/2023

Perforations Top: 8480 Bottom: 10961 No. Holes: 312 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.

128,612 bbls of Slickwater; 2,480,660 of Proppant; 1,872 gals of Biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 128657 Max pressure during treatment (psi): 7556

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): 0.63

Total acid used in treatment (bbl): 0 Number of staged intervals: 13

Recycled or Reused Fluids used in treatment (bbl): 128612 Flowback volume recovered (bbl): 52942

Fresh water used in treatment (bbl): 45 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2480660

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/01/2023 Hours: 24 Bbl oil: 0 Mcf Gas: 1631 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1631 Bbl H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 2027 Tubing PSI: 1562 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1085 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10700 Tbg setting date: 07/07/2023 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

403509512 WELLBORE DIAGRAM

Total Attach: 1 Files

Data retrieval failed for the subreport. 'subreport1'. located at: W:\lnetpub\Net\Reports\General Cmt.rdlc. Please check the loc