

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



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Document Number:

403442577

Date Received:

06/28/2023

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: 96850	4. Contact Name: Jeff Kirtland
2. Name of Operator: TEP ROCKY MOUNTAIN LLC	Phone: (270) 263-2736
3. Address: 1058 COUNTY ROAD 215	Fax:
City: PARACHUTE State: CO Zip: 81635	Email: jkirtland@terraep.com

5. API Number 05-045-24488-00	6. County: GARFIELD
7. Well Name: FEDERAL	Well Number: WMC 33-20
8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 93W Meridian: 6	
9. Field Name: RULISON	Field Code: 75400

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 04/06/2023 End Date: 04/14/2023 Date this Formation was Completed: 05/30/2023  
Perforations Top: 9210 Bottom: 11421 No. Holes: 288 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.

102,728 bbls of Slickwater; 2,012,200 of Proppant; 1,881 gals of Biocide

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 102773 Max pressure during treatment (psi): 7604  
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): 0.61  
Total acid used in treatment (bbl): 0 Number of staged intervals: 11  
Recycled or Reused Fluids used in treatment (bbl): 102728 Flowback volume recovered (bbl): 33028  
Fresh water used in treatment (bbl): 45 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 2012200

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

### Test Information:

05/30/2023 Hours: 24 Bbl oil: 0 Mcf Gas: 2143 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2143 Bbl H2O: 0 GOR:   
Test Method: Flowing Casing PSI: 1352 Tubing PSI: 1004 Choke Size: 34/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1082 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11180 Tbg setting date: 04/29/2023 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: 6/28/2023 Email: anoonan@terraep.com

## Attachment List

Att Doc Num	Name
403442577	FORM 5A SUBMITTED
403448441	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)