

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:  
404140738

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. ECMC Operator Number: <u>96850</u>	4. Contact Name: <u>MELISSA LUKE</u>
2. Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2721</u>
3. Address: <u>1058 COUNTY ROAD 215</u>	Fax: _____
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>MLUKE@TERRAEP.COM</u>

5. API Number <u>05-103-12571-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RG 421-24-298</u>
8. Location: QtrQtr: <u>LOT 12</u> Section: <u>13</u> Township: <u>2S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: <u>SULPHUR CREEK</u> Field Code: <u>80090</u>	

## Completed Interval

FORMATION: WILLIAMS FORK-CAMEO-ROLLINS-COZZETTE-CORCORAN      Status: PRODUCING      Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/30/2024      End Date: 01/10/2025      Date this Formation was Completed: 01/10/2025  
Perforations      Top: 6725      Bottom: 11668      No. Holes: 504      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.

217,646 bbls of Slickwater; 2,401 gals of Biocide

This formation is commingled with another formation:       Yes       No

Total fluid used in treatment (bbl): 217646      Max pressure during treatment (psi): 6603  
Total gas used in treatment (mcf): \_\_\_\_\_      Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_      Min frac gradient (psi/ft): 0.60  
Total acid used in treatment (bbl): \_\_\_\_\_      Number of staged intervals: 21  
Recycled or Reused Fluids used in treatment (bbl): 217646      Flowback volume recovered (bbl): 81150  
Fresh water used in treatment (bbl): \_\_\_\_\_      Disposition method for flowback: RECYCLE  
Total proppant used (lbs): \_\_\_\_\_

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

### Test Information:

01/10/2025      Hours: 24      Bbl oil: 0      Mcf Gas: 4416      Bbl H2O: 0  
Date      Calculated 24 hour rate:      Bbl oil: 0      Mcf Gas: 4416      Bbl H2O: 0      GOR: 0  
Test Method: FLOWING      Casing PSI: 2496      Tubing PSI: 2100      Choke Size: 24/64  
Gas Disposition: SOLD      Gas Type: DRY      Btu Gas: 1179      API Gravity Oil: 0  
Tubing Size: 2 + 3/8      Tubing Setting Depth: 11194      Tbg setting date: 01/11/2025      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: MELISSA LUKE  
Title: REGULATORY SPECIALIST      Date: \_\_\_\_\_      Email: MLUKE@TERRAEP.COM

### ATTACHMENT LIST

Att Doc Num	Name
404140927	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)