

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:
404380426

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC Operator Number: 96850

2. Name of Operator: TEP ROCKY MOUNTAIN LLC

3. Address: 1058 COUNTY ROAD 215
City: PARACHUTE State: CO Zip: 81635

4. Contact Name: Jeff Kirtland
Phone: (970) 263-1469
Fax: _____
Email: jeff.kirtland@flywheelenergy.com

5. API Number 05-103-12591-00

6. County: RIO BLANCO

7. Well Name: FEDERAL
Well Number: RG 21-13-298

8. Location: QtrQtr: Lot 4 Section: 13 Township: 2S Range: 98W Meridian: 6

9. Field Name: SULPHUR CREEK Field Code: 80090

10. If Directional, footage at Top of Prod. Zone: 112 Feet FNL 1645 Feet FWL
Sec: 13 Twp: 2S Rng: 98W

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/05/2025 End Date: 06/16/2025 Date this Formation was Completed: 07/21/2025

Perforations Top: 10674 Bottom: 10922 No. Holes: 38 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.

Illes Member

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

Recycled Produced Water Alternative used in treatment (bbls): _____

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/05/2025 End Date: 06/16/2025 Date this Formation was Completed: 07/21/2025

Perforations Top: 10923 Bottom: 11147 No. Holes: 34 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.

Illes Member

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

Recycled Produced Water Alternative used in treatment (bbls): _____

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: SEGO Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/05/2025 End Date: 06/16/2025 Date this Formation was Completed: 07/21/2025

Perforations Top: 11186 Bottom: 11877 No. Holes: 96 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.

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

Recycled Produced Water Alternative used in treatment (bbls): _____

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: WILLIAMS FORK-CAMEO-COZZETTE-CORCORAN-SEGO Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/05/2025 End Date: 06/16/2025 Date this Formation was Completed: 07/21/2025

Perforations Top: 8078 Bottom: 11877 No. Holes: 480 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.

258,211 bbls of Slickwater; 4,191 gals (100 bbls) of Biocide;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 258311 Max pressure during treatment (psi): 6985

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft): 0.64

Total acid used in treatment (bbl): Number of staged intervals: 20

Recycled or Reused Fluids used in treatment (bbl): 258211 Flowback volume recovered (bbl): 82362

Recycled Produced Water Alternative used in treatment (bbls):

Fresh water used in treatment (bbl): 100 Disposition method for flowback: RECYCLE

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/21/2025 Hours: 24 Bbl oil: 0 Mcf Gas: 4300 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4300 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2900 Tubing PSI: 2750 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1090 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11691 Tbg setting date: 06/18/2025 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.

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

Treatment Date: 06/05/2025 End Date: 06/16/2025 Date this Formation was Completed: 07/21/2025

Perforations Top: 8078 Bottom: 10490 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.

Williams Fork: 8078' - 10068' with 254 holes
 Cameo: 10069' - 10490' with 58 holes

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

Recycled Produced Water Alternative used in treatment (bbls): _____

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:

Actual TPZ provided on this form.

TEP is submitting this completion data to ensure timely receipt by ECMC. We have an outstanding request for guidance on this submittal; if revisions are required once that feedback is provided, please advise and we will promptly update the form

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Blythe Befus

Title: Sr. Regulatory Analyst Date: _____ Email: Progressive@flywheelenergy.com

ATTACHMENT LIST

Att Doc Num	Name
404386072	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)