

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:
404537654

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) 293-1469
Fax: _____
Email: jeff.kirtland@flywheelenergy.com

5. API Number 05-045-08998-00

6. County: GARFIELD

7. Well Name: PA Well Number: 314-27

8. Location: QtrQtr: SWSW Section: 27 Township: 6S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

10. If Directional, footage at Top of Prod. Zone: 0 Feet 0 Feet
Sec: _____ Twp: _____ Rng: _____

Completed Interval

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

Treatment Date: 03/14/2003 End Date: 03/14/2003 Date this Formation was Completed: 04/30/2003

Perforations Top: 5640 Bottom: 7386 No. Holes: 48 Hole size: 34/100 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.

6726-7017'19 HOLES;750 GAL 7 1/2% HCL,139531#20/40,3319 BBL SLICK WTR.;
5640-5864';750 GAL 7 1/2% HCL,137097#20/40,3197 BBL SLICK WTR
750 GAL 7 1/2% HCL,139531#20/40, 3319 BBL SLICK WATER

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:

TEP submits this form per request from ECMC to document perf intervals in subject well. Treatment info from ECMC scout card & previous submissions.

WBD attached. Form 7s reported under Williams Fork-Cameo formation correctly, as previously reported.

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 |
|-------------|------------------|
| 404537745 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)