

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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
2. Name of Operator: TEP ROCKY MOUNTAIN LLC
3. Address: PO BOX 370 City: PARACHUTE State: CO Zip: 81635
4. Contact Name: Whitney Szabo Phone: (970) 263-2730 Fax: Email: whitney.szabo@wpenergy.com

5. API Number 05-045-20046-00
6. County: GARFIELD
7. Well Name: Mead Well Number: RWF 341-23
8. Location: QtrQtr: NESE Section: 23 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/13/2015 End Date: 05/20/2015 Date of First Production this formation: 05/20/2015

Perforations Top: 6623 Bottom: 8774 No. Holes: 264 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

3000 7 1/2% HCL; 49222 BBLs Slickwater; 1693576 #40/70 Sand; (summary)

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 49293 Max pressure during treatment (psi): 6915
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): 0.74
Total acid used in treatment (bbl): 71 Number of staged intervals: 11
Recycled water used in treatment (bbl): 49222 Flowback volume recovered (bbl): 41013
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1693576 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 594 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 594 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2067 Tubing PSI: 1496 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1126 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8562 Tbg setting date: 05/26/2015 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:

All flowback water entries are total estimates based on commingled volumes.

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

Signed: _____ Print Name: Whitney Szabo

Title: Permit Tech II Date: 1/6/2016 Email: whitney.szabo@wpenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400917884	FORM 5A SUBMITTED
400942451	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes permitting.	3/5/2016 7:39:19 AM
Permit	First date of production changed per Operator instruction	3/5/2016 6:35:44 AM
Permit	Returned to draft. 1.) The BTU Gas value should be greater than 1. 2.) The first day of production was the same date as the first day of treatment? 3.) The production report from May of this year has the incorrect status.	12/15/2015 6:38:33 AM
Permit	Returned to draft per Operator request. The Wellbore Diagram has a different Plug Back Total Depth than the Form 5A.	11/24/2015 6:34:27 AM

Total: 4 comment(s)