

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400977226

Date Received:

01/27/2016

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: Whitney Szabo
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2730
 3. Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635 Email: wszabo@terraep.com

5. API Number 05-045-18752-00 6. County: GARFIELD
 7. Well Name: Savage Well Number: RWF 432-35
 8. Location: QtrQtr: NWNE Section: 35 Township: 6S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 08/17/2010 End Date: 09/14/2010 Date of First Production this formation: 09/04/2010Perforations Top: 5458 Bottom: 7715 No. Holes: 187 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐131 BBLs 7.5% HCL; 39554 BBLs Slickwater; 314186 100/Mesh; 940902 #20/40 Sand; (summary)This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 39685Max pressure during treatment (psi): 5800

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): 0.84Total acid used in treatment (bbl): 131Number of staged intervals: 10Recycled water used in treatment (bbl): 39554Flowback volume recovered (bbl): 13561

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 1255088Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/31/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 1264 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1264 Bbl H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 2381 Tubing PSI: 2157 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7538 Tbg setting date: 08/19/2014 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 and based on wells in the surrounding area. Flowback volumes were not recorded or required to report in 2010 when the well was completed

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: 1/27/2016 Email : wszabo@terraep.com

Attachment Check List

Att Doc Num **Name**

400977226	FORM 5A SUBMITTED
400978610	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Passes permitting.	12/01/2016
Permit	Ready to pass permitting. Waiting on a response from the Operator regarding the total amount of acid used during the treatment of this well. The number of holes was corrected to correlate with the Federal completion report.	08/10/2016
Permit	This Form 5A was submitted to cleanup existing treatment dates and completed intervals.	01/27/2016

Total: 3 comment(s)