

FORM  
5A

Rev  
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



DE	ET	OE	ES
----	----	----	----

Document Number:

401360479

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. 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: Kellye Garcia  
Phone: (832) 726-1159  
Fax:  
Email: kgarcia@terraep.com

5. API Number 05-045-23343-00  
6. County: GARFIELD  
7. Well Name: Chevron  
Well Number: TR 434-21-597  
8. Location: QtrQtr: SESW Section: 21 Township: 5S Range: 97W Meridian: 6  
9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/08/2017 End Date: 06/22/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 9161 Bottom: 9336 No. Holes: 21 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

4884 bbls of slickwater; 89863 100/Mesh; 271 gals of biocide

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4890

Max pressure during treatment (psi): 7683

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): 0.53

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl): 4884

Flowback volume recovered (bbl): 2037

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 89863

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 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: FRACTURE STIMULATION

Treatment Date: 05/08/2017 End Date: 06/22/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 9368 Bottom: 9510 No. Holes: 21 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

4796 bbls of slickwater; 94888 100/Mesh; 219 gals of biocide

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 5001

Max pressure during treatment (psi): 7683

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): 0.53

Total acid used in treatment (bbl):

Number of staged intervals: 2

Recycled water used in treatment (bbl): 4796

Flowback volume recovered (bbl): 2037

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 94888

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

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

**Test Information:**

Date: 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: <u>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/08/2017</u>		End Date: <u>06/22/2017</u>		Date of First Production this formation: <u>07/17/2017</u>	
Perforations	Top: <u>9545</u>	Bottom: <u>9600</u>	No. Holes: <u>6</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1366 bbls of slickwater; 27350 100/Mesh; 60 gals of biocide					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>1367</u>			Max pressure during treatment (psi): <u>7683</u>		
Total gas used in treatment (mcf): _____			Fluid density at initial fracture (lbs/gal): <u>8.43</u>		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): <u>0.53</u>		
Total acid used in treatment (bbl): _____			Number of staged intervals: <u>1</u>		
Recycled water used in treatment (bbl): <u>1366</u>			Flowback volume recovered (bbl): <u>582</u>		
Fresh water used in treatment (bbl): _____			Disposition method for flowback: <u>RECYCLE</u>		
Total proppant used (lbs): <u>27350</u>			Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: _____	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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: FRACTURE STIMULATION

Treatment Date: 05/08/2017 End Date: 06/22/2017 Date of First Production this formation: 07/17/2017  
Perforations Top: 6970 Bottom: 9600 No. Holes: 264 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

53911 bbls of slickwater; 1018500 100/Mesh; 2885 gals of biocide

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 53980 Max pressure during treatment (psi): 7683

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): 0.53

Total acid used in treatment (bbl): Number of staged intervals: 11

Recycled water used in treatment (bbl): 53911 Flowback volume recovered (bbl): 25619

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

Total proppant used (lbs): 1018500 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

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

**Test Information:**

Date: 07/17/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 2100 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2100 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1774 Tubing PSI: 1768 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1066 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8212 Tbg setting date: 07/03/2017 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: FRACTURE STIMULATION

Treatment Date: 05/08/2017 End Date: 06/22/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 6970 Bottom: 8855 No. Holes: 216 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

42864 bbls of slickwater; 806400 100/Mesh; 2335 gals of biocide

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 42920

Max pressure during treatment (psi): 7683

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): 0.53

Total acid used in treatment (bbl):

Number of staged intervals: 9

Recycled water used in treatment (bbl): 42864

Flowback volume recovered (bbl): 20952

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 806400

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

#### Test Information:

Date: 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:

All flowback volumes are estimates based on commingled volume.

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

Signed: Print Name: Kellye Garcia

Title: Land Tech Date: Email: kgarcia@terraep.com

### Attachment Check List

Att Doc Num Name

401363902 WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)