

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



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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 4. Contact Name: Kellye Garcia
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (832) 726-1159
 3. Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635 Email: kgarci@terraep.com

5. API Number 05-045-22671-00 6. County: GARFIELD
 7. Well Name: Federal GM Well Number: 12-10
 8. Location: QtrQtr: SENW Section: 10 Township: 7S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 07/25/2017 End Date: 07/28/2017 Date of First Production this formation: 08/15/2017

Perforations Top: 5225 Bottom: 6902 No. Holes: 192 Hole size: 35/100

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

55169 bbls of slickwater; 1050561 100/Mesh; 3790 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 55259 Max pressure during treatment (psi): 4791

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): 0.65

Total acid used in treatment (bbl): _____ Number of staged intervals: 8

Recycled water used in treatment (bbl): 55169 Flowback volume recovered (bbl): 10900

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

Total proppant used (lbs): 1050561 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/11/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 1541 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1541 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1460 Tubing PSI: 1450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1096 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6752 Tbg setting date: 07/29/2017 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.

Comment:

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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 & Regulatory Tech Date: _____ Email: kgarcia@terraep.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401402720	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)