

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401432543

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 05-045-12269-00 6. County: GARFIELD 7. Well Name: Chevron 8. Location: QtrQtr: SWNE Section: 21 Township: 5S Range: 97W Meridian: 6 9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

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

Treatment Date: 09/07/2017 End Date: 09/14/2017 Date of First Production this formation: 10/10/2017

Perforations Top: 7526 Bottom: 9306 No. Holes: 216 Hole size: 35/100

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

39821 bbls of slickwater; No Proppant; 1558 gals of biocide

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

Total fluid used in treatment (bbl): 39858 Max pressure during treatment (psi): 6707
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): 0.51
Total acid used in treatment (bbl): Number of staged intervals: 9
Recycled water used in treatment (bbl): 39821 Flowback volume recovered (bbl): 20273
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 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: 10/10/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 2000 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2000 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1634 Tubing PSI: 1377 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1025 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9115 Tbg setting date: 09/18/2017 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:

Completion operations for this well were delayed for an extended amount of time, and the well was placed on a deferred list. Please reference the Form 5 and attached correspondence letter.

The actual TPZ footages are 2255 FNL & 456 FWL.

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
:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------|
| 401432545 | WELLBORE DIAGRAM |
| 401432645 | CORRESPONDENCE |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)