

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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Document Number: 401475922

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: kgarcia@terraep.com

5. API Number 05-045-23464-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 22-23-597
 8. Location: QtrQtr: SWNE Section: 23 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: 09/27/2017 End Date: 10/08/2017 Date of First Production this formation: 11/08/2017

Perforations Top: 9821 Bottom: 9991 No. Holes: 24 Hole size: 35/100

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

9302.5 bbls of slickwater: No Proppant; 205 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9307 Max pressure during treatment (psi): 5644

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): 0.56

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): 9302 Flowback volume recovered (bbl): 3264

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

Total proppant used (lbs): _____ 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: 09/28/2017 End Date: 10/08/2017 Date of First Production this formation: 11/09/2017

Perforations Top: 10013 Bottom: 10180 No. Holes: 24 Hole size: 35/100

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

9164 bbls of slickwater; No Proppant; 190 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9168 Max pressure during treatment (psi): 5644

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): 0.56

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): 9164 Flowback volume recovered (bbl): 3264

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

Total proppant used (lbs): _____ 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: WILLIAMS FORK-CAMEO-COZZETTE-CORCORAN Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/28/2017 End Date: 10/08/2017 Date of First Production this formation: 11/09/2017
Perforations Top: 7547 Bottom: 10180 No. Holes: 288 Hole size: 35/100

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

116513 bbls of slickwater; No Proppant; 2517 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 116573 Max pressure during treatment (psi): 5644

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): 0.56

Total acid used in treatment (bbl): Number of staged intervals: 12

Recycled water used in treatment (bbl): 116513 Flowback volume recovered (bbl): 39132

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

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

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/16/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 1500 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1500 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1590 Tubing PSI: 2252 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9919 Tbg setting date: 10/14/2017 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: 09/28/2017 End Date: 10/08/2017 Date of First Production this formation: 11/09/2017

Perforations Top: 7547 Bottom: 9563 No. Holes: 240 Hole size: 35/100

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

98046 bbls of slickwater; No Proppant; 2122 gals of biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 98096 Max pressure during treatment (psi): 5644

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): 0.56

Total acid used in treatment (bbl): Number of staged intervals: 10

Recycled water used in treatment (bbl): 98046 Flowback volume recovered (bbl): 32640

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

Total proppant used (lbs): 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 the 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 & Regulatory Tech Date: Email kgarcia@terraep.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 401475925, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)