

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:

401478223

Date Received:

12/07/2017

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: Jeff Kirtland
Phone: (970) 263-2736
Fax:
Email: jkirtland@terraep.com

5. API Number 05-103-10364-00
6. County: RIO BLANCO
7. Well Name: FEDERAL
Well Number: 299-26-1
8. Location: QtrQtr: SWNW Section: 26 Township: 2S Range: 99W Meridian: 6
9. Field Name: SAGE BRUSH HILLS II Field Code: 76140

Completed Interval

FORMATION: WILLIAMS FORK Status: INJECTING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 12/05/2017

Perforations Top: 5254 Bottom: 6159 No. Holes: 90 Hole size: 35/100

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

This Form 5A subsequent is submitted to report the first day of injection as of December 5, 2017.

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

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

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

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

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

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

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:

The first date of injection for this well is 12/5/2017

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

Signed: _____

Print Name: Jeffrey Kirtland

Title: Regulatory Lead

Date: 12/7/2017

Email: jkirtland@terraep.com

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Attachment Check List

Att Doc Num

Name

401478223

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

UIC

Changed type of hole from OPEN HOLE - YES to NO. Well is cased and Open Hole can't have 90 - 0.35 inch perforations in it.

12/08/2017

Total: 1 comment(s)