

FORM
5ARev
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:

401408059

Date Received:

09/20/2017

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 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 05-045-23292-00 6. County: GARFIELD
 7. Well Name: YOUBERG Well Number: SR 22-12
 8. Location: QtrQtr: SWNE Section: 12 Township: 7S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 08/29/2017 End Date: 08/31/2017 Date of First Production this formation: 09/11/2017Perforations Top: 7375 Bottom: 9277 No. Holes: 432 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐57620 bbls of slickwater; 1097880 100/Mesh; 2160 gals of biocide; 1991 gals of acidThis formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 57718Max pressure during treatment (psi): 7717

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): 0.72Total acid used in treatment (bbl): 47Number of staged intervals: 9Recycled water used in treatment (bbl): 57620Flowback volume recovered (bbl): 9596

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 1097880Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/11/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 1595 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1595 Bbl H2O: 0 GOR: 0Test Method: FLOWING Casing PSI: 2475 Tubing PSI: 2050 Choke Size: 18/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1072 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 9085 Tbg setting date: 09/03/2017 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.

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: 9/20/2017 Email kgarcia@terraep.com
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Attachment Check List

Att Doc Num **Name**

401408059	FORM 5A SUBMITTED
401408060	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)