

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:

401373514

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 05-103-11904-00  
6. County: RIO BLANCO  
7. Well Name: Federal  
Well Number: RG 524-14-298  
8. Location: QtrQtr: SESW Section: 14 Township: 2S Range: 98W Meridian: 6  
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: WILLIAMS FORK-ILES Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: 07/17/2012 End Date: 07/22/2012 Date of First Production this formation: 07/23/2012  
Perforations Top: 8195 Bottom: 10720 No. Holes: 234 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
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: Plugged back to recompleat upper Williams Fork. Plan to commingle formations in 2018.  
Date formation Abandoned: 06/29/2017 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 Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/25/2017 End Date: 07/03/2017 Date of First Production this formation: 07/17/2017

Perforations Top: 6814 Bottom: 8174 No. Holes: 192 Hole size: 35/100

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

51819 bbls of slickwater; 1064520 100/Mesh; 2505 gals of biocide

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

Total fluid used in treatment (bbl): 51879

Max pressure during treatment (psi): 6909

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): 0.60

Total acid used in treatment (bbl):

Number of staged intervals: 8

Recycled water used in treatment (bbl): 51819

Flowback volume recovered (bbl): 21697

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1064520

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: 8185 \*\* Sacks cement on top: 0 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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 and Regulatory Tech Date: Email: kgarcia@terraep.com

### Attachment Check List

Att Doc Num	Name
401373784	WELLBORE DIAGRAM
401628377	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)