

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) 892-2109



DE	ET	OE	ES
----	----	----	----

Document Number: 402430429

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: Jeff Kirtland
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2736
 3. Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635 Email: jkirtland@terraep.com

5. API Number 05-045-24006-00 6. County: GARFIELD
 7. Well Name: STRAIT BOTTOM RANCH Well Number: SG 412-22
 8. Location: QtrQtr: LOT 8 Section: 22 Township: 7S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 05/13/2020 End Date: 05/17/2020 Date of First Production this formation: 06/04/2020

Perforations Top: 4444 Bottom: 6130 No. Holes: 210 Hole size: 35/100

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

40117 bbls of Slickwater; 0 100 Mesh, 1352 gals of Biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 40149 Max pressure during treatment (psi): 7453

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): 0.63

Total acid used in treatment (bbl): 0 Number of staged intervals: 10

Recycled water used in treatment (bbl): 40117 Flowback volume recovered (bbl): 13340

Fresh water used in treatment (bbl): 32 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/04/2020 Hours: 24 Bbl oil: 0 Mcf Gas: 4132 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4132 Bbl H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 1277 Tubing PSI: 1075 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1041 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5970 Tbg setting date: 05/22/2020 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:

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

Signed: _____ Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst Date: _____ Email: anoonan@terraep.com
:

Attachment Check List

Att Doc Num **Name**

402437536	WELLBORE DIAGRAM
-----------	------------------

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)