

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

403666495

Date Received:

02/07/2024

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: 1058 COUNTY ROAD 215

City: PARACHUTE State: CO Zip: 81635

4. Contact Name: Jeff Kirtland

Phone: (970) 263-2736

Fax:

Email: jkirtland@terraep.com

5. API Number 05-045-24556-00

7. Well Name: Leverich

8. Location: QtrQtr: LOT 3 Section: 13 Township: 7S Range: 94W Meridian: 6

9. Field Name: RULISON Field Code: 75400

6. County: GARFIELD

Well Number: WMC 412-18-793

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 11/29/2023 End Date: 12/10/2023 Date this Formation was Completed: 01/09/2024
Perforations Top: 8200 Bottom: 10684 No. Holes: 312 Hole size: 35/100 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

130,123 bbls of Slickwater; 2,485,790 of Proppant; 1,611 gals of Biocide

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

Total fluid used in treatment (bbl): 130161 Max pressure during treatment (psi): 7292
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): 0.64
Total acid used in treatment (bbl): 0 Number of staged intervals: 13
Recycled or Reused Fluids used in treatment (bbl): 130123 Flowback volume recovered (bbl): 33979
Fresh water used in treatment (bbl): 38 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 2485790

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

01/09/2024 Hours: 24 Bbl oil: 0 Mcf Gas: 1240 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1240 Bbl H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 1686 Tubing PSI: 1274 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1078 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10432 Tbg setting date: 12/13/2023 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: 2/7/2024 Email: anoonan@terraep.com

Attachment List

Att Doc Num	Name
403666495	FORM 5A SUBMITTED
403679059	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	03/04/2024

Total: 1 comment(s)