

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:

404129522

Date Received:

03/18/2025

### 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. ECMC Operator Number: <u>96850</u>	4. Contact Name: <u>Melissa Luke</u>
2. Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2721</u>
3. Address: <u>1058 COUNTY ROAD 215</u>	Fax: _____
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>mluke@terraep.com</u>

5. API Number <u>05-103-12569-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RG 524-13-298</u>
8. Location: QtrQtr: <u>LOT 12</u> Section: <u>13</u> Township: <u>2S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: <u>SULPHUR CREEK</u> Field Code: <u>80090</u>	

### Completed Interval

FORMATION: WILLIAMS FORK-CAMEO-ROLLINS-COZZETTE-CORCORAN Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/11/2024 End Date: 12/13/2024 Date this Formation was Completed: 01/29/2025  
Perforations Top: 6588 Bottom: 11683 No. Holes: 504 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.

221,095 bbls of Slickwater; 2,440 gals of Biocide

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 221095 Max pressure during treatment (psi): 7370  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.59  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 21  
Recycled or Reused Fluids used in treatment (bbl): 221095 Flowback volume recovered (bbl): 66829  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

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

#### Test Information:

01/29/2025 Hours: 24 Bbl oil: 0 Mcf Gas: 5100 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 5100 Bbl H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 2547 Tubing PSI: 2260 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 1179 Tbg setting date: 12/27/2024 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: Melissa Luke  
Title: REGULATORY SPECIALIST Date: 3/18/2025 Email: mluke@terraep.com

#### ATTACHMENT LIST

Att Doc Num	Name
404129522	FORM 5A SUBMITTED
404132596	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Passed Completion review	03/20/2025

Total: 1 comment(s)