

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:
404140939

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. 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>05-103-12577-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RG 321-24-298</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: 12/30/2024 End Date: 01/10/2025 Date this Formation was Completed: 01/11/2025
Perforations Top: 6655 Bottom: 11627 No. Holes: 630 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.

216,086 bbls of Slickwater; 2,381 gals of Biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 216086 Max pressure during treatment (psi): 7276
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.58
Total acid used in treatment (bbl): _____ Number of staged intervals: 21
Recycled or Reused Fluids used in treatment (bbl): 216086 Flowback volume recovered (bbl): 76489
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

01/11/2025 Hours: 24 Bbl oil: 0 Mcf Gas: 3700 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3700 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 2470 Tubing PSI: 2100 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1179 API Gravity Oil: 0
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: _____ ** 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: _____ Email: mluke@terraep.com

ATTACHMENT LIST

Att Doc Num	Name
404140951	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)