

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:

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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>05-103-12574-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RG 314-18-297</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: 01/17/2025 End Date: 01/27/2025 Date this Formation was Completed: 02/27/2025  
Perforations Top: 6739 Bottom: 11782 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.

212,255 BBLs OF SLICKWATER AND 2,385 GALS OF BIOCIDES

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 212255 Max pressure during treatment (psi): 7232  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.61  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 21  
Recycled or Reused Fluids used in treatment (bbl): 212255 Flowback volume recovered (bbl): 63037  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: RECYCLE  
Total proppant used (lbs): \_\_\_\_\_

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

#### Test Information:

02/27/2025 Hours: 24 Bbl oil: 0 Mcf Gas: 5276 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 5276 Bbl H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 2754 Tubing PSI: 2600 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
404180365	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)