

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:

404181123

Date Received:

04/28/2025

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: 96850	4. Contact Name: MELISSA LUKE
2. Name of Operator: TEP ROCKY MOUNTAIN LLC	Phone: (970) 263-2721
3. Address: 1058 COUNTY ROAD 215	Fax:
City: PARACHUTE State: CO Zip: 81635	Email: mluke@terraep.com

5. API Number 05-103-12572-00	6. County: RIO BLANCO
7. Well Name: FEDERAL	Well Number: RG 313-18-297
8. Location: QtrQtr: LOT 12 Section: 13 Township: 2S Range: 98W Meridian: 6	
9. Field Name: SULPHUR CREEK	Field Code: 80090

Completed Interval

FORMATION: WILLIAMS FORK-CAMEO-ROLLINS-COZZETTE-CORCORAN

Status: PRODUCING

Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/04/2025 End Date: 02/12/2025 Date this Formation was Completed: 02/14/2025
Perforations Top: 6789 Bottom: 10729 No. Holes: 360 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.

161,911 BBLS OF SLICKWATER AND 1,860 GALS OF BIOCID

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

Total fluid used in treatment (bbl): 161911 Max pressure during treatment (psi): 6896
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: 15
Recycled or Reused Fluids used in treatment (bbl): 161911 Flowback volume recovered (bbl): 65576
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs):

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

Test Information:

02/14/2025 Hours: 24 Bbl oil: 0 Mcf Gas: 4919 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4919 Bbl H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 2312 Tubing PSI: 2200 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1179 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10348 Tbg setting date: 02/14/2025 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: 4/28/2025 Email: mluke@terraep.com

ATTACHMENT LIST

Att Doc Num	Name
404181123	FORM 5A SUBMITTED
404181767	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	06/05/2025

Total: 1 comment(s)