

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:

404267179

Date Received:

07/03/2025

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC 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: MELISSA LUKE

Phone: (970) 263-2721

Fax:

Email: mluke@terraep.com

5. API Number 05-103-12584-00

7. Well Name: FEDERAL

8. Location: QtrQtr: Lot 4 Section: 13 Township: 2S Range: 98W Meridian: 6

9. Field Name: SULPHUR CREEK Field Code: 80090

6. County: RIO BLANCO

Well Number: RG 423-13-298

10. If Directional, footage at Top of Prod. Zone: Feet Feet
Sec: Twp: Rng:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 04/14/2025 End Date: 04/27/2025 Date this Formation was Completed: 04/29/2025
Perforations Top: 8185 Bottom: 12069 No. Holes: 480 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.

261,658 BBLS OF SLICKWATER AND 2,916 GALS OF BIOCID

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

Total fluid used in treatment (bbl): 261658 Max pressure during treatment (psi): 7033
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft): 0.65
Total acid used in treatment (bbl): Number of staged intervals: 20
Recycled or Reused Fluids used in treatment (bbl): 261658 Flowback volume recovered (bbl): 85027
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:

04/29/2025 Hours: 24 Bbl oil: 0 Mcf Gas: 4700 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4700 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 2950 Tubing PSI: 2700 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11693 Tbg setting date: 04/29/2025 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: 7/3/2025 Email: mluke@terraep.com

ATTACHMENT LIST

Att Doc Num	Name
404267179	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Passed Completion review	07/17/2025

Total: 1 comment(s)