

FORM  
5A

Rev  
09/20

# State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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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. OGCC Operator Number: <u>96850</u>	4. Contact Name: <u>Jeff Kirtland</u>
2. Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2736</u>
3. Address: <u>1058 COUNTY ROAD 215</u>	Fax: _____
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>jkirtland@terraep.com</u>

5. API Number <u>05-045-24462-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>NR 43-4</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>3</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

## Completed Interval

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

Treatment Date: 06/21/2022 End Date: 06/27/2022 Date this Formation was Completed: 09/06/2022  
Perforations Top: 7493 Bottom: 10790 No. Holes: 336 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.

2,974 gals of Biocide; 95,487 bbls of Slickwater; 900,730 lbs of Proppant

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 95558 Max pressure during treatment (psi): 7563  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.43  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.68  
Total acid used in treatment (bbl): 0 Number of staged intervals: 14  
Recycled or Reused Fluids used in treatment (bbl): 95487 Flowback volume recovered (bbl): 48115  
Fresh water used in treatment (bbl): 71 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 900730

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

09/06/2022 Hours: 24 Bbl oil: 0 Mcf Gas: 2500 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2500 Bbl H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 1940 Tubing PSI: 1697 Choke Size: 22/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1102 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10453 Tbg setting date: 09/01/2022 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: Ashley Noonan  
Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: anoonan@terraep.com

## Attachment List

Att Doc Num	Name
403189893	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)