

**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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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>05-045-24555-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Leverich</u>	Well Number: <u>SR 321-24</u>
8. Location: QtrQtr: <u>LOT 3</u> Section: <u>13</u> Township: <u>7S</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: 10/23/2023 End Date: 11/02/2023 Date this Formation was Completed: 11/27/2023

Perforations Top: 8169 Bottom: 10669 No. Holes: 312 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.

129,296 bbls of Slickwater; 2,499,943 of Proppant; 2709 gals of Biocide

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 129361 Max pressure during treatment (psi): 7347

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): 0.69

Total acid used in treatment (bbl): 0 Number of staged intervals: 13

Recycled or Reused Fluids used in treatment (bbl): 129296 Flowback volume recovered (bbl): 47026

Fresh water used in treatment (bbl): 65 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2499943

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

### Test Information:

11/27/2023 Hours: 24 Bbl oil: 0 Mcf Gas: 1032 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1032 Bbl H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 1717 Tubing PSI: 665 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1078 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10423 Tbg setting date: 11/03/2023 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
403636124	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)