

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) 894-2109



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Document Number:
402705707

Date Received:
06/04/2021

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>PO BOX 370</u>	Fax: _____
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>jkirtland@terraep.com</u>

5. API Number <u>05-045-24354-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CHEVRON</u>	Well Number: <u>GM 331-19</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

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

Treatment Date: 03/29/2021 End Date: 04/07/2021 Date this Formation was Completed: 05/06/2021

Perforations Top: 5816 Bottom: 7673 No. Holes: 264 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.

132714 bbls of Slickwater; 4490 gals Biocide

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 132821 Max pressure during treatment (psi): 7638

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): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 11

Recycled or Reused Fluids used in treatment (bbl): 132714 Flowback volume recovered (bbl): 32069

Fresh water used in treatment (bbl): 107 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/06/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 2235 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2235 Bbl H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 1775 Tubing PSI: 1762 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1172 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7502 Tbg setting date: 04/13/2021 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: Senior Regulatory Analyst Date: 6/4/2021 Email: anoonan@terraep.com

Attachment List

Att Doc Num	Name
402705707	FORM 5A SUBMITTED
402706660	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review.	06/24/2021

Total: 1 comment(s)