

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10633 2. Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC 3. Address: 1801 CALIFORNIA STREET #2500 City: DENVER State: CO Zip: 80202 4. Contact Name: TJ Hanneman Phone: (303) 774-3917 Fax: Email: tj.hanneman@crestonepr.com

5. API Number 05-123-19902-00 6. County: WELD 7. Well Name: ECHEVERRIA Well Number: 22-2 8. Location: QtrQtr: SENW Section: 2 Township: 2N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 7804 Bottom: 7860 No. Holes: 92 Hole size: 03/8 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: [X] Yes [ ] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

Correcting the JSand perf zone. The Original Form5a doc# 877102 has 7960 as the bottom of perf zone which is incorrect, the WBD included with that document shows the correct bottom for the perf zone at 7860.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: John Gardner

Title: Sr Env Specialist Date: 2/11/2019 Email john.gardner@crestonepr.com

### Attachment Check List

**Att Doc Num**      **Name**

401935205	FORM 5A SUBMITTED
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