

Document Number:
401869210

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: 10633 4. Contact Name: Lindsey Organ
 2. Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 774-3958
 3. Address: 1801 CALIFORNIA STREET #2500 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: lindsey.organ@crestonepr.com

5. API Number 05-123-46566-00 6. County: WELD
 7. Well Name: Ruegge Well Number: 3G-4H-N165
 8. Location: QtrQtr: SESW Section: 4 Township: 1N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 08/27/2018 End Date: 09/04/2018 Date of First Production this formation: 11/09/2018
 Perforations Top: 7720 Bottom: 12029 No. Holes: 987 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole:
 175328 bbls of water, 125 bbls of additives (FRP-4CS, ACI-97, ASF-67) and 51 bbl HCL in a 43 stage frac with 3903300 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 175504 Max pressure during treatment (psi): 8720
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.87
 Total acid used in treatment (bbl): 51 Number of staged intervals: 43
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 10578
 Fresh water used in treatment (bbl): 175453 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 3903300 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/27/2018 Hours: 24 Bbl oil: 472 Mcf Gas: 591 Bbl H2O: 550
 Calculated 24 hour rate: Bbl oil: 472 Mcf Gas: 591 Bbl H2O: 550 GOR: 1252
 Test Method: flowing Casing PSI: 1800 Tubing PSI: 950 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1317 API Gravity Oil: 43
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7289 Tbg setting date: 10/08/2018 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:

TPZ based on actual top perf. TPZ: 460' FSL, 1194' FWL SEC 4 1N 65W

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

Signed: _____ Print Name: Lindsey Organ

Title: Regulatory Coordinator Date: _____ Email: lindsey.organ@crestonepr.com

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Returned to draft at Operator's request	09/05/2019

Total: 1 comment(s)