

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: Lindsey Organ
 Phone: (303) 774-3958
 Fax: _____
 Email: lindsey.organ@crestonepr.com

5. API Number 05-123-47415-00
 6. County: WELD
 7. Well Name: Hingley
 Well Number: 3D-18H-N167
 8. Location: QtrQtr: SESW Section: 18 Township: 1N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 03/04/2020 End Date: 03/10/2020 Date of First Production this formation: 07/31/2020
 Perforations Top: 8201 Bottom: 12498 No. Holes: 458 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
 163224 bbls of water, 169 bbls of additives (FRS-1CS, DDAC 50 Percent, PeroxyMAX, ACI-97, ASF-67, LGA-3J) and 125 bbl HCL in a 20 stage frac with 2838430 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 163518 Max pressure during treatment (psi): 8647
 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): 0.96
 Total acid used in treatment (bbl): 125 Number of staged intervals: 20
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 1764
 Fresh water used in treatment (bbl): 163393 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 2838430 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/24/2020 Hours: 24 Bbl oil: 202 Mcf Gas: 842 Bbl H2O: 563
 Calculated 24 hour rate: Bbl oil: 202 Mcf Gas: 842 Bbl H2O: 563 GOR: 4168
 Test Method: FLOWING Casing PSI: 2642 Tubing PSI: 2132 Choke Size: 14
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1435 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7865 Tbg setting date: 07/08/2020 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:

Actual TPZ: 503 FSL, 947 FWL Sec 18 1N 67W

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

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)