

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 05-123-47423-00 6. County: WELD
 7. Well Name: Hingley Well Number: 3A-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: 8188 Bottom: 12528 No. Holes: 476 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole:
170090 bbls of water, 180 bbls of additives (FRS-1CS, DDAC 50 Percent, PeroxyMAX, SAFE-BFH-2, XLS-3Z, BHL-68W, ACI-97, ASF-67, LGA-3J) and 137 bbl HCL in a 21 stage frac with 28102 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 170407 Max pressure during treatment (psi): 8577
 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): 0.95
 Total acid used in treatment (bbl): 137 Number of staged intervals: 21
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 1463
 Fresh water used in treatment (bbl): 170270 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 28102 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/23/2020 Hours: 24 Bbl oil: 578 Mcf Gas: 1118 Bbl H2O: 347
 Calculated 24 hour rate: Bbl oil: 578 Mcf Gas: 1118 Bbl H2O: 347 GOR: 1934
 Test Method: FLOWING Casing PSI: 2162 Tubing PSI: 1520 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1435 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7961 Tbg setting date: 07/07/2020 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:

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**

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Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)