

**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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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
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 05-014-20655-00
6. County: BROOMFIELD
7. Well Name: KATS
Well Number: 8-2-34
8. Location: QtrQtr: SWNE Section: 34 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 07/25/2012 End Date: 07/25/2012 Date this Formation was Completed: _____

Perforations Top: 8208 Bottom: 8224 No. Holes: 64 Hole size: 0.41 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.

4596 bbls of water, 16 bbls of additives (GW-45LF, GBW-21, HighPerm CRB, BC-3, BF-9L, ClayCare, XLW-14, XLW-22C, FRW-20, NE-945, Flo-Back 40, BioClear 1000) and 0 bbl HCL in a 1 stage frac with 125020 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4569 Max pressure during treatment (psi): 3542

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.77

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 4569 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 125340

Fracture stimulations must be reported on FracFocus.org

Test Information:

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/01/2012 End Date: 08/01/2012 Date this Formation was Completed: 08/13/2012

Perforations Top: 7956 Bottom: 7972 No. Holes: 20 Hole size: 0.71 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.

4960 bbls of water, 9 bbls of additives (GBW-5, ClayCare, FRW-20, NE-945, Flo-Back 40, BioClear 1000) and 0 bbl HCL in a stage frac with 165560 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4969 Max pressure during treatment (psi): 4256

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 4969 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 165560

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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:

Encana Oil & Gas was the well operator when this hydraulic fracture treatment occurred. Crestone used best available information from third party treatment reports to fill out this form 5A.

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 List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)