

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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Document Number:
402602567

Date Received:
03/15/2021

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: <u>10633</u>	4. Contact Name: <u>Lindsey Organ</u>
2. Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Phone: <u>(303) 7743958</u>
3. Address: <u>1801 CALIFORNIA STREET #2500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>lindsey.organ@crestonepr.com</u>

5. API Number <u>05-014-20645-00</u>	6. County: <u>BROOMFIELD</u>
7. Well Name: <u>BICKLER</u>	Well Number: <u>4-6-34</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>34</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/16/2012 End Date: 08/16/2012 Date this Formation was Completed: 09/17/2012

Perforations Top: 8118 Bottom: 8134 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): 4612 Max pressure during treatment (psi): 4720

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.00

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): 4612 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 125020

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: 08/23/2012 End Date: 08/23/2012 Date this Formation was Completed: 09/17/2012

Perforations Top: 7862 Bottom: 7878 No. Holes: 32 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.

3293 bbls of water, 12 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 stage frac with 250312 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3305 Max pressure during treatment (psi): 4777

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.85

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): 3305 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250312

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: 3/15/2021 Email: lindsey.organ@crestonepr.com

Attachment List

Att Doc Num	Name
402602567	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)