

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:  
402894742

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: <u>10542</u>	4. Contact Name: <u>Garrett Baily</u>
2. Name of Operator: <u>CUB CREEK ENERGY</u>	Phone: <u>(303) 6818424</u>
3. Address: <u>200 PLAZA DRIVE SUITE 100</u>	Fax: _____
City: <u>HIGHLANDS</u> State: <u>CO</u> Zip: <u>80129</u>	Email: <u>garrett.baily@cub-creek.com</u>

5. API Number <u>05-123-47905-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>KNIGHT</u>	Well Number: <u>12</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>30</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/15/2021 End Date: 09/06/2021 Date this Formation was Completed: 12/07/2021

Perforations Top: 7254 Bottom: 18095 No. Holes: 2016 Hole size: 9/25 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.

Slick water frac treatment using fresh water, HCl 7.5% acid, 40/70 sand proppant. Flowback determined based on water composition, salinity and hydrocarbon presence.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 487581 Max pressure during treatment (psi): 9077

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 78 Number of staged intervals: 63

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 8916

Fresh water used in treatment (bbl): 487503 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17573184

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

12/27/2021 Hours: 1 Bbl oil: 4 Mcf Gas: 5 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 98 Mcf Gas: 117 Bbl H2O: 210 GOR: 1

Test Method: casing flowback Casing PSI: 843 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1319 API Gravity Oil: 45

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:

BHL- 2095' FNL 2479' FEL  
TPZ- 1775' FNL 2442' FEL  
No tubing in hole at time of 5A submittal. Well has not been drilled out at time of 5A submittal. Pad drill out expected to begin 1/4/2022.  
First flowback date 12/07/2021  
First flow through permanent facilities 12/07/2021

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

Signed: Print Name: Garrett Baily

Title: Engineer Date: Email: garrett.baily@cub-creek.com

## Attachment List

Att Doc Num	Name
402910859	COMPLETED INTERVAL REPORT

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)