

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:

403088509

Date Received:

06/29/2022

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: Elaine Winick

Phone: (303) 294-7806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-50736-00

7. Well Name: Warner

8. Location: QtrQtr: SWNW Section: 10 Township: 1N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 2C-10H-E165

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 04/08/2022 End Date: 04/16/2022 Date this Formation was Completed: 06/01/2022
Perforations Top: 8425 Bottom: 14588 No. Holes: 1320 Hole size: 26/100 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.

Frac'd Codell-Fort Hays with a 30 stage plug and perf:
5355480 total pounds proppant pumped: 5351980 pounds 40/70 mesh; 3500 pounds 100 mesh.
136522 total bbls fluid pumped: 127509 bbls gelled fluid; 8941 bbls fresh water and 72 bbls 15% HCl Acid.

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 136522 Max pressure during treatment (psi): 8892
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.90
Total acid used in treatment (bbl): 72 Number of staged intervals: 30
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 57
Fresh water used in treatment (bbl): 8941 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 5355480

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

06/14/2022 Hours: 24 Bbl oil: 167 Mcf Gas: 281 Bbl H2O: 221
Date Calculated 24 hour rate: Bbl oil: 167 Mcf Gas: 281 Bbl H2O: 221 GOR: 1683
Test Method: FLOWING Casing PSI: 759 Tubing PSI: 1552 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1325 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7486 Tbg setting date: 05/13/2022 Packer Depth: 7483
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: CODELL Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 04/08/2022 End Date: 04/16/2022 Date this Formation was Completed: 06/01/2022
Perforations Top: 8425 Bottom: 14588 No. Holes: 1304 Hole size: 26/100 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.

Perforated Intervals: 8425'-13097'; 13342'-14588'.

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs):

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 04/08/2022 End Date: 04/16/2022 Date this Formation was Completed: 06/01/2022
Perforations Top: 13142 Bottom: 13322 No. Holes: 16 Hole size: 26/100 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.

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

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:

TPZ 1406 FNL & 1238 FWL

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

Signed: _____ Print Name: Elaine Winick
Title: Completions Tech Date: 6/29/2022 Email : ewinick@civiresources.com

Attachment List

Att Doc Num **Name**

403088509	FORM 5A SUBMITTED
403092810	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)