

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403088497

Date Received:

06/24/2022

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 05-123-50743-00

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: 2D-10H-E165

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 04/18/2022 End Date: 04/25/2022 Date this Formation was Completed: 05/27/2022
Perforations Top: 7535 Bottom: 14465 No. Holes: 1848 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 Niobrara with 42 stage plug and perf:

12587145 total pounds proppant pumped: 12388095 pounds 40/70 mesh; 199050 pounds 100 mesh.

393547 total bbls fluid pumped: 380515 bbls gelled fluid; 12532 bbls fresh water and 500 bbls 15% HCl Acid.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 393547

Max pressure during treatment (psi): 8661

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): 0.94

Total acid used in treatment (bbl): 500

Number of staged intervals: 42

Recycled or Reused Fluids used in treatment (bbl): 0

Flowback volume recovered (bbl): 710

Fresh water used in treatment (bbl): 12532

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12587145

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/14/2022 Hours: 24 Bbl oil: 207 Mcf Gas: 268 Bbl H2O: 25
Date: 06/14/2022 Calculated 24 hour rate: Bbl oil: 207 Mcf Gas: 268 Bbl H2O: 25 GOR: 1295
Test Method: FLOWING Casing PSI: 838 Tubing PSI: 1645 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: 7433 Tbg setting date: 05/12/2022 Packer Depth: 7431

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 2170 FNL & 1544 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: 6/24/2022 Email: ewinick@civiresources.com

Attachment List

Att Doc Num	Name
403088497	FORM 5A SUBMITTED
403089423	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)