

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:
403294126

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>10661</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>CIVITAS NORTH LLC</u>	Phone: <u>(303) 294-7806</u>
3. Address: <u>555 17TH STREET #3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@civiresources.com</u>

5. API Number <u>05-123-51434-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Grotheer 5-61</u>	Well Number: <u>11B-2-1</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>11</u> Township: <u>5N</u> Range: <u>61W</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 FRACTURINGTreatment Date: 01/15/2023 End Date: 01/30/2023 Date this Formation was Completed: 04/13/2023Perforations Top: 6613 Bottom: 16339 No. Holes: 2464 Hole size: 35/100 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 56 stage plug and perf:

11266938 total pounds proppant pumped: 9631919 pounds 40/70 mesh; 1635019 pounds 100 mesh;
511887 total bbls fluid pumped: 493156 bbls gelled fluid; 18058 bbls fresh water and 673 bbls 15% HCl Acid.This formation is commingled with another formation: Yes NoTotal fluid used in treatment (bbl): 511887 Max pressure during treatment (psi): 8712Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.88Total acid used in treatment (bbl): 673 Number of staged intervals: 56Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0Fresh water used in treatment (bbl): 18058 Disposition method for flowback: DISPOSALTotal proppant used (lbs): 11266938**Fracture stimulations must be reported on FracFocus.org**

Test Information:

<u>04/29/2023</u>	Hours: <u>24</u>	Bbl oil: <u>261</u>	Mcf Gas: <u>153</u>	Bbl H2O: <u>771</u>
Calculated 24 hour rate:	Bbl oil: <u>261</u>	Mcf Gas: <u>153</u>	Bbl H2O: <u>771</u>	GOR: <u>586</u>
Test Method: <u>flowing</u>	Casing PSI: <u>632</u>	Tubing PSI: <u>858</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1300</u>	API Gravity Oil: <u>36</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6310</u>	Tbg setting date: <u>03/25/2023</u>	Packer Depth: <u>6307</u>	

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 481 FSL & 2207 FEL
BPZ 429 FNL & 2265 FEL
Operator will be amending the existing DSU to account for the as-drilled, as-completed wellbore

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

Signed: _____ Print Name: Elaine WinickTitle: Completions Tech Date: _____ Email ewinick@civiresources.com

Attachment List

Att Doc Num	Name
403388369	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)