

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: 10661

2. Name of Operator: CIVITAS NORTH LLC

3. Address: 555 17TH STREET #3700

City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick

Phone: (303) 294-7806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-51434-00

7. Well Name: Grotheer 5-61

8. Location: QtrQtr: SESE Section: 11 Township: 5N Range: 61W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 11B-2-1

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 01/15/2023 End Date: 01/30/2023 Date this Formation was Completed: 04/13/2023
Perforations 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 ☒ No

Total fluid used in treatment (bbl): 511887 Max pressure during treatment (psi): 8712
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): 0.88
Total acid used in treatment (bbl): 673 Number of staged intervals: 56
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 18058 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 11266938

Fracture stimulations must be reported on FracFocus.org

Test Information:

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