

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:

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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: 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 05-005-07511-00

7. Well Name: Prosper Farms 4-65 11-12

8. Location: QtrQtr: NESE Section: 10 Township: 4S Range: 65W Meridian: 6

9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

6. County: ARAPAHOE

Well Number: 1BH

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 03/01/2023 End Date: 03/12/2023 Date this Formation was Completed: 05/09/2023  
Perforations Top: 8449 Bottom: 18264 No. Holes: 2552 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 58 stage plug and perf:  
11388078 total pounds proppant pumped: 7253800 pounds 40/70 mesh; 4134278 pounds 100 mesh;  
482506 total bbls fluid pumped: 449274 bbls gelled fluid; 26561 bbls fresh water and 6671 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 482506 Max pressure during treatment (psi): 8827  
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): 0.85  
Total acid used in treatment (bbl): 6671 Number of staged intervals: 58  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 26561 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 11388078

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

### Test Information:

05/19/2023 Hours: 24 Bbl oil: 433 Mcf Gas: 382 Bbl H2O: 516  
Date Calculated 24 hour rate: Bbl oil: 433 Mcf Gas: 382 Bbl H2O: 516 GOR: 882  
Test Method: flowing Casing PSI: 137 Tubing PSI: 1385 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 41  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8057 Tbg setting date: 04/28/2023 Packer Depth: 8055  
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 1214 FNL & 341 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: \_\_\_\_\_ Email: ewinick@civiresources.com  
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## Attachment List

**Att Doc Num** **Name**

403409703 WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)