

**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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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 05-005-07510-00
6. County: ARAPAHOE
7. Well Name: Prosper Farms 4-65 11-12
Well Number: 4AH
8. Location: QtrQtr: NESE Section: 10 Township: 4S Range: 65W Meridian: 6
9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 03/12/2023 End Date: 04/12/2023 Date this Formation was Completed: 05/09/2023

Perforations Top: 8257 Bottom: 18106 No. Holes: 2640 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 60 stage plug and perf:
11474775 total pounds proppant pumped: 5293115 pounds 40/70 mesh; 6181660 pounds 100 mesh;
490894 total bbls fluid pumped: 459212 bbls gelled fluid; 27182 bbls fresh water and 4500 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 490894 Max pressure during treatment (psi): 8660

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): 0.91

Total acid used in treatment (bbl): 4500 Number of staged intervals: 60

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

Fresh water used in treatment (bbl): 27182 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11474775

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/19/2023 Hours: 24 Bbl oil: 399 Mcf Gas: 342 Bbl H2O: 415

Calculated 24 hour rate: Bbl oil: 399 Mcf Gas: 342 Bbl H2O: 415 GOR: 857

Test Method: FLOWING Casing PSI: 318 Tubing PSI: 1512 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7871 Tbg setting date: 04/30/2023 Packer Depth: 7868

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 1018 FSL & 340 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

Attachment List

Att Doc Num	Name
403409716	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)