

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) 892-2109



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

Document Number:
403328903

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>10633</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Phone: <u>(303) 294-7806</u>
3. Address: <u>1801 CALIFORNIA STREET #2500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@civiresources.com</u>

5. API Number <u>05-005-07508-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>Prosper Farms 4-65 11-12</u>	Well Number: <u>4BH</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

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: 8453 Bottom: 18290 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:
11424654 total pounds proppant pumped: 4348194 pounds 40/70 mesh; 7076460 pounds 100 mesh;
488966 total bbls fluid pumped: 457910 bbls gelled fluid; 25925 bbls fresh water and 5131 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 488966 Max pressure during treatment (psi): 8632
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): 0.89
Total acid used in treatment (bbl): 5131 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): 25925 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 11424654

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/19/2023 Hours: 24 Bbl oil: 278 Mcf Gas: 241 Bbl H2O: 669
Date Calculated 24 hour rate: Bbl oil: 278 Mcf Gas: 241 Bbl H2O: 669 GOR: 867
Test Method: flowing Casing PSI: 414 Tubing PSI: 1611 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: 8066 Tbg setting date: 05/01/2023 Packer Depth: 8063

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:

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
403409718	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)