

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management 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:

06/09/2023

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 05-123-16943-00

6. County: WELD

7. Well Name: ARISTOCRAT FEDERAL
Well Number: 44-4

8. Location: QtrQtr: SESE Section: 4 Township: 3N Range: 65W Meridian: 6

9. Field Name: ARISTOCRAT Field Code: 2925

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date this Formation was Completed: _____

Perforations Top: 7155 Bottom: 7170 No. Holes: 67 Hole size: 41/100 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.

5/13/1993 perf 7158, 7160, 7162, 7164, 7166 5 holes;
11/6/2001 perf 7155 - 7170 30 holes;
5/31/2009 perf 7158 - 7166 32 holes.

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: OFFSET FRAC AND OOSPL

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6825 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date this Formation was Completed: _____

Perforations Top: 6910 Bottom: 7170 No. Holes: 406 Hole size: 41/100 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.

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:
Date: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production: OFFSET FRAC AND OOSPL
Date formation Abandoned: 05/09/2023 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 6825 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date this Formation was Completed:
Perforations Top: 6910 Bottom: 7090 No. Holes: 339 Hole size: 41/100 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.

5/13/1993 perf 6942, 6944, 6946 3 holes;
1/5/2004 perf 6910 - 6950, 7046 - 7090 168 holes;
5/31/2009 perf 6910 - 6950, 6942 - 6946, 7046 - 7090 168 holes

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:
Date: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production: OFFSET FRAC AND OOSPL
Date formation Abandoned: 05/09/2023 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 6825 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

FORMATION: SUSSEX Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: End Date: Date this Formation was Completed:
Perforations Top: 4492 Bottom: 4502 No. Holes: 20 Hole size: 32/100 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.

[Empty box for flowback volume details]

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: [Empty box]

Date formation Abandoned: 11/01/2001 Squeeze: Yes No If yes, number of sacks cmt 25

** Bridge Plug Depth: 6825 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: [Empty box]

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: 6/9/2023 Email: ewinick@civiresources.com

Attachment List

Att Doc Num	Name
403406906	COMPLETED INTERVAL REPORT
403406908	WIRELINE JOB SUMMARY
403527901	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)