

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:
403485072

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>05-005-07496-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>Lone Tree</u>	Well Number: <u>4-65 15-16 4AH</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>15</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: 06/03/2023 End Date: 06/19/2023 Date this Formation was Completed: 08/16/2023

Perforations Top: 8601 Bottom: 18400 No. Holes: 3083 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 55 stage plug and perf:
11376785 total pounds proppant pumped: 5138956 pounds 40/70 mesh; 6237829 pounds 100 mesh;
480350 total bbls fluid pumped: 451927 bbls gelled fluid; 24471 bbls fresh water and 3952 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 480350 Max pressure during treatment (psi): 8618

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): 3952 Number of staged intervals: 55

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

Fresh water used in treatment (bbl): 24471 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11376785

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/26/2023 Hours: 24 Bbl oil: 230 Mcf Gas: 230 Bbl H2O: 399
Date Calculated 24 hour rate: Bbl oil: 230 Mcf Gas: 230 Bbl H2O: 399 GOR: 1000
Test Method: flowing Casing PSI: 1777 Tubing PSI: 2274 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 41
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8336 Tbg setting date: 07/29/2023 Packer Depth: 8334

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 1039 FSL & 371 FEL

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
403524822	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)