

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:  
403485057

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>05-005-07501-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>Lone Tree</u>	Well Number: <u>4-65 15-16 3CH</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: 05/14/2023 End Date: 06/01/2023 Date this Formation was Completed: 08/17/2023

Perforations Top: 8284 Bottom: 18355 No. Holes: 3503 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 59 stage plug and perf:  
11710366 total pounds proppant pumped: 3944959 pounds 40/70 mesh; 7765407 pounds 100 mesh;  
490512 total bbls fluid pumped: 461726 bbls gelled fluid; 24500 bbls fresh water and 4286 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 490512 Max pressure during treatment (psi): 8592

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): 0.90

Total acid used in treatment (bbl): 4286 Number of staged intervals: 59

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

Fresh water used in treatment (bbl): 24500 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11710366

**Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)**

### Test Information:

<u>08/26/2023</u>	Hours: <u>24</u>	Bbl oil: <u>185</u>	Mcf Gas: <u>180</u>	Bbl H2O: <u>476</u>
Calculated 24 hour rate:	Bbl oil: <u>185</u>	Mcf Gas: <u>180</u>	Bbl H2O: <u>476</u>	GOR: <u>973</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1629</u>	Tubing PSI: <u>2020</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1300</u>	API Gravity Oil: <u>41</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8103</u>	Tbg setting date: <u>07/31/2023</u>	Packer Depth: <u>8101</u>	

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
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403524821	WELLBORE DIAGRAM
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)