

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:

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 05-005-07507-00

7. Well Name: Prosper Farms

8. Location: QtrQtr: SENE Section: 15 Township: 4S Range: 65W Meridian: 6

9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

6. County: ARAPAHOE

Well Number: 4-65 14-13 4BH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 06/03/2023 End Date: 06/17/2023 Date this Formation was Completed: 08/16/2023
Perforations Top: 8977 Bottom: 16557 No. Holes: 2476 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 45 stage plug and perf:
8785274 total pounds proppant pumped: 3578049 pounds 40/70 mesh; 5207225 pounds 100 mesh;
370681 total bbls fluid pumped: 350654 bbls gelled fluid; 16777 bbls fresh water and 3250 bbls 15% HCl Acid.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 370681 Max pressure during treatment (psi): 8685
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): 0.81
Total acid used in treatment (bbl): 3250 Number of staged intervals: 45
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 16777 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 8785274

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/26/2023 Hours: 24 Bbl oil: 259 Mcf Gas: 266 Bbl H2O: 364
Calculated 24 hour rate: Bbl oil: 259 Mcf Gas: 266 Bbl H2O: 364 GOR: 1027
Test Method: flowing Casing PSI: 1413 Tubing PSI: 1965 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: 8520 Tbg setting date: 07/27/2023 Packer Depth: 8517
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 420 FSL & 472 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**

403524953 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)