

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: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick

Phone: (303) 294-7806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-51883-00

7. Well Name: Shelton

8. Location: QtrQtr: NESE Section: 25 Township: 4N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 25W-25-02

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/25/2023 End Date: 07/07/2023 Date this Formation was Completed: 10/25/2023
Perforations Top: 8055 Bottom: 20870 No. Holes: 4602 Hole size: 36/100 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 76 stage plug and perf:
9688802 total pounds proppant pumped: 4677661 pounds 40/70 mesh; 5011141 pounds 100 mesh;
437388 total bbls fluid pumped: 401909 bbls gelled fluid; 34564 bbls fresh water and 915 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 437388 Max pressure during treatment (psi): 8982
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): 0.92
Total acid used in treatment (bbl): 915 Number of staged intervals: 76
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 34564 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9688802

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/05/2023 Hours: 24 Bbl oil: 341 Mcf Gas: 2454 Bbl H2O: 141
Date Calculated 24 hour rate: Bbl oil: 341 Mcf Gas: 2454 Bbl H2O: 141 GOR: 7196
Test Method: FLOWING Casing PSI: 2919 Tubing PSI: 2592 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1241 API Gravity Oil: 59
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7873 Tbg setting date: 09/23/2023 Packer Depth: _____
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 525 FNL & 2469 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
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Attachment List

Att Doc Num **Name**

403598738 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)