

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:

403553173

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) 2947806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-51882-00

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-25-06

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 06/02/2023 End Date: 06/13/2023 Date this Formation was Completed: 10/25/2023
Perforations Top: 7811 Bottom: 20577 No. Holes: 4726 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 77 stage plug and perf:
9612447 total pounds proppant pumped: 3918686 pounds 40/70 mesh; 5693761 pounds 100 mesh;
436451 total bbls fluid pumped: 399327 bbls gelled fluid; 36185 bbls fresh water and 939 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 436451 Max pressure during treatment (psi): 8648
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): 0.91
Total acid used in treatment (bbl): 939 Number of staged intervals: 77
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 36185 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9612447

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/05/2023 Hours: 24 Bbl oil: 309 Mcf Gas: 2271 Bbl H2O: 63
Calculated 24 hour rate: Bbl oil: 309 Mcf Gas: 2271 Bbl H2O: 63 GOR: 7350
Test Method: FLOWING Casing PSI: 2618 Tubing PSI: 2289 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: 7603 Tbg setting date: 09/27/2023 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 1853 FNL & 2416 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**

403600747 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)