

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403553180

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 05-123-51878-00

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-25-13

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/17/2023 End Date: 07/28/2023 Date this Formation was Completed: 10/26/2023
Perforations Top: 7651 Bottom: 20435 No. Holes: 4424 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 73 stage plug and perf:
9642882 total pounds proppant pumped: 5450745 pounds 40/70 mesh; 4192137 pounds 100 mesh;
429048 total bbls fluid pumped: 394514 bbls gelled fluid; 33655 bbls fresh water and 879 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 429048 Max pressure during treatment (psi): 8696
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): 879 Number of staged intervals: 73
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 33655 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9642882

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/05/2023 Hours: 24 Bbl oil: 274 Mcf Gas: 2292 Bbl H2O: 126
Date Calculated 24 hour rate: Bbl oil: 274 Mcf Gas: 2292 Bbl H2O: 126 GOR: 8365
Test Method: FLOWING Casing PSI: 2703 Tubing PSI: 2339 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: 7512 Tbg setting date: 09/26/2023 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 1134 FSL & 2458 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**

403600754 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)