

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) 2947806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-51892-00

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-25-15

Completed Interval

FORMATION: NIORARA 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: 7722 Bottom: 20512 No. Holes: 4170 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 69 stage plug and perf:
9617960 total pounds proppant pumped: 5240510 pounds 40/70 mesh; 4377450 pounds 100 mesh;
424489 total bbls fluid pumped: 395190 bbls gelled fluid; 28467 bbls fresh water and 832 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 424489 Max pressure during treatment (psi): 8905
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): 832 Number of staged intervals: 69
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 28467 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9617960

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/05/2023 Hours: 24 Bbl oil: 233 Mcf Gas: 1999 Bbl H2O: 168
Date Calculated 24 hour rate: Bbl oil: 233 Mcf Gas: 1999 Bbl H2O: 168 GOR: 8579
Test Method: FLOWING Casing PSI: 2556 Tubing PSI: 2094 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: 7548 Tbg setting date: 09/28/2023 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 537 FSL & 2455 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**

403600756 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)