

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:
403553122

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: <u>10633</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Phone: <u>(303) 294-7806</u>
3. Address: <u>555 17TH STREET SUITE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@civiresources.com</u>

5. API Number <u>05-123-51945-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Cosslett East Federal</u>	Well Number: <u>1A-22H-H168</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>22</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 07/31/2023 End Date: 08/23/2023 Date this Formation was Completed: 11/10/2023

Perforations Top: 8523 Bottom: 18129 No. Holes: 3523 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 60 stage plug and perf:
7242623 total pounds proppant pumped: 434247 pounds 40/70 mesh; 6808376 pounds 100 mesh;
321528 total bbls fluid pumped: 297091 bbls gelled fluid; 178 bbls recycled water; 23511 bbls fresh water and 748 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 321528 Max pressure during treatment (psi): 8974

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 748 Number of staged intervals: 60

Recycled or Reused Fluids used in treatment (bbl): 178 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 23511 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7242623

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/21/2023 Hours: 24 Bbl oil: 495 Mcf Gas: 1363 Bbl H2O: 278

Calculated 24 hour rate: Bbl oil: 495 Mcf Gas: 1363 Bbl H2O: 278 GOR: 2754

Test Method: FLOWING Casing PSI: 2008 Tubing PSI: 1394 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 38

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8541 Tbg setting date: 10/21/2023 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:

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
403611152	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)