

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:
403485087

Date Received:
09/15/2023

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>05-005-07505-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>Prosper Farms</u>	Well Number: <u>4-65 14-13 3BH</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>15</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/14/2023 End Date: 06/01/2023 Date this Formation was Completed: 08/16/2023

Perforations Top: 8491 Bottom: 18340 No. Holes: 3435 Hole size: 35/100 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:
11442245 total pounds proppant pumped: 3811400 pounds 40/70 mesh; 7630845 pounds 100 mesh;
479272 total bbls fluid pumped: 451771 bbls gelled fluid; 23144 bbls fresh water and 4357 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 479272 Max pressure during treatment (psi): 8537

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): 0.87

Total acid used in treatment (bbl): 4357 Number of staged intervals: 60

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

Fresh water used in treatment (bbl): 23144 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11442245

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/26/2023 Hours: 24 Bbl oil: 519 Mcf Gas: 477 Bbl H2O: 627
Date: 08/26/2023 Calculated 24 hour rate: Bbl oil: 519 Mcf Gas: 477 Bbl H2O: 627 GOR: 919
Test Method: flowing Casing PSI: 1426 Tubing PSI: 1945 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 41
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8205 Tbg setting date: 07/30/2023 Packer Depth: 8202

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 1578 FSL & 341 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: 9/15/2023 Email: ewinick@civiresources.com

Attachment List

Att Doc Num	Name
403485087	FORM 5A SUBMITTED
403524946	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	TPZ footages corrected to as-completed footages in Well Update per operator comment on Form 5A.	11/30/2023

Total: 1 comment(s)