

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:

403553152

Date Received:

12/07/2023

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: 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) 294-7806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-51942-00

7. Well Name: Cosslett East

8. Location: QtrQtr: SENE Section: 22 Township: 1N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 1H-22H-H168

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 08/11/2023 End Date: 08/26/2023 Date this Formation was Completed: 11/09/2023
Perforations Top: 9400 Bottom: 19019 No. Holes: 3042 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 54 stage plug and perf;
7177255 total lbs proppant pumped: 1528005 lbs 40/70 mesh and 5649250 lbs 100 mesh;
313500 total bbls fluid pumped: 289610 bbls gelled fluid, 178 bbls recycled water, 23059 bbls fresh water and 653 bbls 15% HCl acid.

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

Total fluid used in treatment (bbl): 313500 Max pressure during treatment (psi): 9181
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): 0.81
Total acid used in treatment (bbl): 653 Number of staged intervals: 54
Recycled or Reused Fluids used in treatment (bbl): 178 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 23059 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 7177255

Fracture stimulations must be reported on [FracFocus.org](https://fracfocus.org)

Test Information:

11/21/2023 Hours: 24 Bbl oil: 537 Mcf Gas: 1298 Bbl H2O: 350
Date: 11/21/2023 Calculated 24 hour rate: Bbl oil: 537 Mcf Gas: 1298 Bbl H2O: 350 GOR: 2417
Test Method: flowing Casing PSI: 2420 Tubing PSI: 1484 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: 9264 Tbg setting date: 10/25/2023 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 470 FNL & 2529 FEL

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: 12/7/2023 Email: ewinick@civiresources.com

Attachment List

Att Doc Num	Name
403553152	FORM 5A SUBMITTED
403617846	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)