

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:

403553153

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 05-123-51948-00

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: 11-22H-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: 9450 Bottom: 19103 No. Holes: 3529 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 61 stage plug and perf;
7163925 total lbs proppant pumped: 1553018 lbs 40/70 mesh and 5610907 lbs 100 mesh;
323254 total bbls fluid pumped: 296045 bbls gelled fluid, 179 bbls recycled water, 26293 bbls fresh water and 737 bbls 15% HCl acid.

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

Total fluid used in treatment (bbl): 323254 Max pressure during treatment (psi): 9305
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): 0.75
Total acid used in treatment (bbl): 737 Number of staged intervals: 61
Recycled or Reused Fluids used in treatment (bbl): 179 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 26293 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 7163925

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

Test Information:

11/21/2023 Hours: 24 Bbl oil: 598 Mcf Gas: 1331 Bbl H2O: 372
Date: 11/21/2023 Calculated 24 hour rate: Bbl oil: 598 Mcf Gas: 1331 Bbl H2O: 372 GOR: 2226
Test Method: flowing Casing PSI: 2539 Tubing PSI: 1615 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: 9249 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 471 FNL & 2210 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
403553153	FORM 5A SUBMITTED
403617892	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting	03/12/2024

Total: 1 comment(s)