

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:
403553162

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: <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>05-123-51946-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Cosslett East</u>	Well Number: <u>1K-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: 08/27/2023 End Date: 09/07/2023 Date this Formation was Completed: 11/09/2023

Perforations Top: 9785 Bottom: 19443 No. Holes: 3538 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;
7231419 total lbs proppant pumped: 2391388 lbs 40/70 mesh and 4840031 lbs 100 mesh;
324269 total bbls fluid pumped: 297063 bbls gelled fluid, 179 bbls recycled water, 26266 bbls fresh water and 761 bbls 15% HCl acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 324269 Max pressure during treatment (psi): 9147

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): 0.85

Total acid used in treatment (bbl): 761 Number of staged intervals: 60

Recycled or Reused Fluids used in treatment (bbl): 179 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 26266 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7231419

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/21/2023 Hours: 24 Bbl oil: 519 Mcf Gas: 1191 Bbl H2O: 401
Date: 11/21/2023 Calculated 24 hour rate: Bbl oil: 519 Mcf Gas: 1191 Bbl H2O: 401 GOR: 2295
Test Method: flowing Casing PSI: 2471 Tubing PSI: 1464 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: 9618 Tbg setting date: 10/26/2023 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 473 FNL & 1594 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
403553162	COMPLETED INTERVAL REPORT
403617906	WELLBORE DIAGRAM
403716987	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 1 comment(s)