

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:

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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 05-123-51947-00

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: 1J-22H-H168

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 08/11/2023 End Date: 08/26/2023 Date this Formation was Completed: 11/10/2023
Perforations Top: 15621 Bottom: 15636 No. Holes: 10 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.

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

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

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 08/11/2023 End Date: 08/26/2023 Date this Formation was Completed: 11/10/2023
Perforations Top: 9832 Bottom: 19493 No. Holes: 2842 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.

Codell Perforated Intervals: 9832'-15602'; 15860'-19493'.

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 08/11/2023 End Date: 08/26/2023 Date this Formation was Completed: 11/10/2023
Perforations Top: 15755 Bottom: 15840 No. Holes: 48 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.

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 08/11/2023 End Date: 08/26/2023 Date this Formation was Completed: 11/10/2023
Perforations Top: 15637 Bottom: 15742 No. Holes: 50 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.

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

Total fluid used in treatment (bbl):	_____	Max pressure during treatment (psi):	_____
Total gas used in treatment (mcf):	_____	Fluid density at initial fracture (lbs/gal):	_____
Type of gas used in treatment:	_____	Min frac gradient (psi/ft):	_____
Total acid used in treatment (bbl):	_____	Number of staged intervals:	_____
Recycled or Reused Fluids used in treatment (bbl):	_____	Flowback volume recovered (bbl):	_____
Fresh water used in treatment (bbl):	_____	Disposition method for flowback:	_____
Total proppant used (lbs):	_____		

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

Test Information:

_____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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.

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE		Status: PRODUCING	Treatment Type: HYDRAULIC FRACTURING	
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Treatment Date: 08/11/2023	End Date: 08/26/2023	Date this Formation was Completed: 11/10/2023		
Perforations Top: 9832	Bottom: 19493	No. Holes: 2950	Hole size: 36/100	Open Hole: <input type="checkbox"/>

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-Fort Hays-Codell-Carlile with 54 stage plug and perf;
 6126776 total lbs proppant pumped: 1721843 lbs 40/70 mesh and 4404933 lbs 100 mesh;
 226607 total bbls fluid pumped: 202392 bbls gelled fluid, 178 bbls recycled water, 24025 bbls fresh water and 12 bbls 15% HCl acid.

This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): 226607	Max pressure during treatment (psi): 8849
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): 0.83
Total acid used in treatment (bbl): 12	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): 24025	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 6126776	

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/21/2023	Hours: 24	Bbl oil: 593	Mcf Gas: 1424	Bbl H2O: 181
Calculated 24 hour rate:	Bbl oil: 593	Mcf Gas: 1424	Bbl H2O: 181	GOR: 2401
Test Method: flowing	Casing PSI: 2585	Tubing PSI: 1788	Choke Size: 18/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1300	API Gravity Oil: 38	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 9716	Tbg setting date: 10/26/2023	Packer Depth:	

Reason for Non-Production:

Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
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** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment: TPZ 470 FNL & 1860 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
403553161	FORM 5A SUBMITTED
403618620	WELLBORE DIAGRAM
Total Attach: 2 Files	

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting	03/18/2024

Total: 1 comment(s)