

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403791241

Date Received:

05/21/2024

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. ECMC 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) 2947806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-005-07524-00

7. Well Name: Alamosa 5-64

8. Location: QtrQtr: NENE Section: 6 Township: 5S Range: 64W Meridian: 6

9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

6. County: ARAPAHOE

Well Number: 6-1 1BH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 12/19/2023 End Date: 01/25/2024 Date this Formation was Completed: 04/25/2024
Perforations Top: 8430 Bottom: 18451 No. Holes: 3077 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 59 stage plug and perf:
11622605 total pounds proppant pumped: 2923242 pounds 40/70 mesh; 8699363 pounds 100 mesh;
481677 total bbls fluid pumped: 455367 bbls gelled fluid; 22143 bbls fresh water and 4167 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 481677 Max pressure during treatment (psi): 9377
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.83
Total acid used in treatment (bbl): 4167 Number of staged intervals: 59
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 22143 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 11622605

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

Test Information:

05/06/2024 Hours: 24 Bbl oil: 517 Mcf Gas: 457 Bbl H2O: 1114
Calculated 24 hour rate: Bbl oil: 517 Mcf Gas: 457 Bbl H2O: 1114 GOR: 884
Test Method: FLOWING Casing PSI: 483 Tubing PSI: 1051 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 39
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8061 Tbg setting date: 03/22/2024 Packer Depth: 8059
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 368 FNL & 256 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: 5/21/2024 Email: ewinick@civiresources.com
:

ATTACHMENT LIST

Att Doc Num	Name
403791241	FORM 5A SUBMITTED
403799106	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting	06/07/2024

Total: 1 comment(s)