

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:

403791379

Date Received:

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.

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|---|---|
| 1. ECMC 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) 2947806</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> |

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|--|----------------------------|
| 5. API Number <u>05-005-07538-00</u> | 6. County: <u>ARAPAHOE</u> |
| 7. Well Name: <u>Sky Ranch 4-65 10-9-8-7</u> | Well Number: <u>1BH</u> |
| 8. Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u> | |

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/24/2024 End Date: 03/28/2024 Date this Formation was Completed: 06/07/2024

Perforations Top: 8405 Bottom: 28841 No. Holes: 6583 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 120 stage plug and perf:
23772326 total pounds proppant pumped: 9492430 pounds 40/70 mesh; 14279896 pounds 100 mesh;
1075989 total bbls fluid pumped: 961170 bbls gelled fluid; 105855 bbls fresh water and 8964 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1075989 Max pressure during treatment (psi): 9102

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): 0.91

Total acid used in treatment (bbl): 8964 Number of staged intervals: 120

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

Fresh water used in treatment (bbl): 105855 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 23772326

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/13/2024 Hours: 24 Bbl oil: 541 Mcf Gas: 595 Bbl H2O: 1061

Calculated 24 hour rate: Bbl oil: 541 Mcf Gas: 595 Bbl H2O: 1061 GOR: 1100

Test Method: FLOWING Casing PSI: 1826 Tubing PSI: 2131 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8142 Tbg setting date: 05/21/2024 Packer Depth: 8140

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: 1331 FNL & 347 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: _____ Email: ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num **Name**

| | |
|-----------|------------------|
| 403824656 | WELLBORE DIAGRAM |
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)