

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:

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 05-005-07542-00

7. Well Name: Sky Ranch 4-65 10-9-8-7

8. Location: QtrQtr: NESE Section: 10 Township: 4S Range: 65W Meridian: 6

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

6. County: ARAPAHOE

Well Number: 3BH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 01/28/2024 End Date: 02/22/2024 Date this Formation was Completed: 06/07/2024
Perforations Top: 8334 Bottom: 28742 No. Holes: 5959 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 111 stage plug and perf:
23980123 total pounds proppant pumped: 11968543 pounds 40/70 mesh; 12011580 pounds 100 mesh;
1041517 total bbls fluid pumped: 959911 bbls gelled fluid; 74154 bbls fresh water and 7452 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 1041517 Max pressure during treatment (psi): 9780
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): 7452 Number of staged intervals: 111
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 74154 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 23980123

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/13/2024 Hours: 24 Bbl oil: 509 Mcf Gas: 435 Bbl H2O: 1241
Date Calculated 24 hour rate: Bbl oil: 509 Mcf Gas: 435 Bbl H2O: 1241 GOR: 855
Test Method: flowing Casing PSI: 1878 Tubing PSI: 2066 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: 7949 Tbg setting date: 05/22/2024 Packer Depth: 7947
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 1717 FSL & 351 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**

403825881 WELBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)