

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:
403791442

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 05-005-07543-00
6. County: ARAPAHOE
7. Well Name: Sky Ranch 4-65 10-9-8-7
Well Number: 4AH
8. Location: QtrQtr: NESE Section: 10 Township: 4S Range: 65W Meridian: 6
9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/28/2024 End Date: 02/23/2024 Date this Formation was Completed: 06/06/2024

Perforations Top: 8270 Bottom: 28684 No. Holes: 5054 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 118 stage plug and perf:
23669933 total pounds proppant pumped: 12245589 pounds 40/70 mesh; 11424344 pounds 100 mesh;
1066245 total bbls fluid pumped: 962073 bbls gelled fluid; 96577 bbls fresh water and 7595 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1066245 Max pressure during treatment (psi): 8917

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): 0.81

Total acid used in treatment (bbl): 7595 Number of staged intervals: 118

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

Fresh water used in treatment (bbl): 96577 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 23669933

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/13/2024 Hours: 24 Bbl oil: 509 Mcf Gas: 600 Bbl H2O: 1180

Calculated 24 hour rate: Bbl oil: 509 Mcf Gas: 600 Bbl H2O: 1180 GOR: 1179

Test Method: flowing Casing PSI: 1865 Tubing PSI: 2128 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: 7997 Tbg setting date: 05/23/2024 Packer Depth: 7995

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 1099 FSL & 350 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**

403825893	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)