

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 05-001-10555-00

7. Well Name: Blue 3-65

8. Location: QtrQtr: NWSW Section: 34 Township: 3S Range: 65W Meridian: 6

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

6. County: ADAMS

Well Number: 33-32-31-36 4AH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 02/02/2024 End Date: 03/13/2024 Date this Formation was Completed: 06/13/2024
Perforations Top: 8341 Bottom: 28794 No. Holes: 5402 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.

Frac'd Niobrara with 132 stage plug and perf:
25493503 total pounds proppant pumped: 23093963 pounds 40/70 mesh; 2399540 pounds 100 mesh;
1144456 total bbls fluid pumped: 1074807 bbls gelled fluid; 60038 bbls fresh water and 9611 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 1144456 Max pressure during treatment (psi): 9059
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): 0.86
Total acid used in treatment (bbl): 9611 Number of staged intervals: 132
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 60038 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 25493503

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/18/2024 Hours: 24 Bbl oil: 355 Mcf Gas: 384 Bbl H2O: 1416
Date Calculated 24 hour rate: Bbl oil: 355 Mcf Gas: 384 Bbl H2O: 1416 GOR: 1082
Test Method: FLOWING Casing PSI: 1787 Tubing PSI: 2509 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 41
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7990 Tbg setting date: 04/27/2024 Packer Depth: 7988
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 921 FSL & 340 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

403827587 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)