

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:

403791284

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 05-001-10556-00

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 4BH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 02/03/2024 End Date: 03/10/2024 Date this Formation was Completed: 06/13/2024
Perforations Top: 8508 Bottom: 27047 No. Holes: 6269 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 126 stage plug and perf:
22699291 total pounds proppant pumped: 20803091 pounds 40/70 mesh; 1896200 pounds 100 mesh;
1006405 total bbls fluid pumped: 945467 bbls gelled fluid; 52350 bbls fresh water and 8588 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 1006405 Max pressure during treatment (psi): 9169
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): 0.49
Total acid used in treatment (bbl): 8588 Number of staged intervals: 115
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 52350 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 22699291

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/18/2024 Hours: 24 Bbl oil: 481 Mcf Gas: 380 Bbl H2O: 1558
Calculated 24 hour rate: Bbl oil: 481 Mcf Gas: 380 Bbl H2O: 1558 GOR: 790
Test Method: FLOWING Casing PSI: 1888 Tubing PSI: 2410 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: 8192 Tbg setting date: 05/10/2024 Packer Depth: 8190
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 428 FSL & 340 FEL
SKIPPED FIRST 11 STAGES

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 |
|-------------|------------------|
| 403827591 | WELLBORE 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)