

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:
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: <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>

5. API Number <u>05-001-10556-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Blue 3-65</u>	Well Number: <u>33-32-31-36 4BH</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>3S</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: 02/03/2024 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:

<u>06/18/2024</u>	Hours: <u>24</u>	Bbl oil: <u>481</u>	Mcf Gas: <u>380</u>	Bbl H2O: <u>1558</u>
Calculated 24 hour rate:	Bbl oil: <u>481</u>	Mcf Gas: <u>380</u>	Bbl H2O: <u>1558</u>	GOR: <u>790</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1888</u>	Tubing PSI: <u>2410</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1400</u>	API Gravity Oil: <u>41</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8192</u>	Tbg setting date: <u>05/10/2024</u>	Packer Depth: <u>8190</u>	

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

User Group

Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)