

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:  
403791288

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>05-001-10553-00</u>   | 6. County: <u>ADAMS</u>             |
| 7. Well Name: <u>Blue Fed 3-65</u>   | Well Number: <u>33-32-31-36 3AH</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: 03/15/2024 Date this Formation was Completed: 06/13/2024

Perforations Top: 8162 Bottom: 28628 No. Holes: 5416 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 134 stage plug and perf:  
25745933 total pounds proppant pumped: 23105618 pounds 40/70 mesh; 2640315 pounds 100 mesh;  
1187446 total bbls fluid pumped: 1091978 bbls gelled fluid; 85463 bbls fresh water and 10005 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 1187446 Max pressure during treatment (psi): 9270

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): 0.92

Total acid used in treatment (bbl): 10005 Number of staged intervals: 134

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

Fresh water used in treatment (bbl): 85463 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 25745933

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

06/19/2024 Hours: 24 Bbl oil: 517 Mcf Gas: 498 Bbl H2O: 1527

Calculated 24 hour rate: Bbl oil: 517 Mcf Gas: 498 Bbl H2O: 1527 GOR: 963

Test Method: FLOWING Casing PSI: 2041 Tubing PSI: 2441 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7876 Tbg setting date: 05/03/2024 Packer Depth: 7874

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 2250 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**

|           |                  |
|-----------|------------------|
| 403827601 | WELLBORE DIAGRAM |
|-----------|------------------|

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)