

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:

403791315

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 05-005-07546-00

7. Well Name: Chico

8. Location: QtrQtr: NWSW Section: 30 Township: 4S Range: 64W Meridian: 6

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

6. County: ARAPAHOE

Well Number: 4-65 25-26 4AH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 04/20/2024 End Date: 05/03/2024 Date this Formation was Completed: 08/22/2024
Perforations Top: 8277 Bottom: 17929 No. Holes: 2363 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 56 stage plug and perf:

11213504 total pounds proppant pumped: 690003 pounds 40/70 mesh; 10523501 pounds 100 mesh;
464908 total bbls fluid pumped: 438301 bbls gelled fluid; 22583 bbls fresh water and 4024 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 464908 Max pressure during treatment (psi): 9618
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): 0.87
Total acid used in treatment (bbl): 4024 Number of staged intervals: 56
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 22583 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 11213504

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

08/28/2024 Hours: 24 Bbl oil: 449 Mcf Gas: 443 Bbl H2O: 310
Date Calculated 24 hour rate: Bbl oil: 449 Mcf Gas: 443 Bbl H2O: 310 GOR: 987
Test Method: FLOWING Casing PSI: 919 Tubing PSI: 1473 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7900 Tbg setting date: 06/29/2024 Packer Depth: 7918
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 1136 FSL & 464 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

403914252 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)