

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:  
403791342

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>05-005-07550-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>Watkins</u>	Well Number: <u>4-64 30-29 3AH</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>30</u> Township: <u>4S</u> Range: <u>64W</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: 04/09/2024 End Date: 04/19/2024 Date this Formation was Completed: 08/22/2024

Perforations Top: 8475 Bottom: 18003 No. Holes: 2364 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 55 stage plug and perf:  
11050305 total pounds proppant pumped: 534645 pounds 40/70 mesh; 10515660 pounds 100 mesh;  
454581 total bbls fluid pumped: 430000 bbls gelled fluid; 20629 bbls fresh water and 3952 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 454581 Max pressure during treatment (psi): 9040

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): 0.90

Total acid used in treatment (bbl): 3952 Number of staged intervals: 55

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

Fresh water used in treatment (bbl): 20629 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11050305

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

### Test Information:

<u>08/28/2024</u>	Hours: <u>24</u>	Bbl oil: <u>386</u>	Mcf Gas: <u>376</u>	Bbl H2O: <u>301</u>
<b>Calculated 24 hour rate:</b>	Bbl oil: <u>386</u>	Mcf Gas: <u>376</u>	Bbl H2O: <u>301</u>	GOR: <u>974</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>810</u>	Tubing PSI: <u>1308</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1400</u>	API Gravity Oil: <u>40</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7690</u>	Tbg setting date: <u>06/27/2024</u>	Packer Depth: <u>7689</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:

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
403914322	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)