

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:

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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 05-005-07552-00

7. Well Name: Watkins

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: 4-64 30-29 4AH

## 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: 8284 Bottom: 18148 No. Holes: 2491 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 57 stage plug and perf:  
11441848 total pounds proppant pumped: 953608 pounds 40/70 mesh; 10488240 pounds 100 mesh;  
473155 total bbls fluid pumped: 446385 bbls gelled fluid; 22675 bbls fresh water and 4095 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 473155 Max pressure during treatment (psi): 8907  
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): 4095 Number of staged intervals: 57  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 22675 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 11441848

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

### Test Information:

08/28/2024 Hours: 24 Bbl oil: 362 Mcf Gas: 359 Bbl H2O: 399  
Date Calculated 24 hour rate: Bbl oil: 362 Mcf Gas: 359 Bbl H2O: 399 GOR: 992  
Test Method: FLOWING Casing PSI: 985 Tubing PSI: 1374 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: 7911 Tbg setting date: 06/28/2024 Packer Depth: 7909  
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 1073 FSL & 410 FWL

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  
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### ATTACHMENT LIST

**Att Doc Num** **Name**

403914342 WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)