

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 05-001-10565-00

7. Well Name: King 3-65

8. Location: QtrQtr: NESE Section: 28 Township: 3S Range: 65W Meridian: 6

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

6. County: ADAMS

Well Number: 28-29 2AH

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 07/07/2024 End Date: 07/22/2024 Date this Formation was Completed: 10/15/2024  
Perforations Top: 8449 Bottom: 18268 No. Holes: 2333 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.

Niobrara Frac'd with 55 stage plug and perf:  
11372940 total pounds proppant pumped: 3975250 pounds 40/70 mesh; 7397690 pounds 100 mesh;  
476161 total bbls fluid pumped: 449678 bbls gelled fluid; 22531 bbls fresh water and 3952 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 476161 Max pressure during treatment (psi): 9168  
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): 22531 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 11372940

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

### Test Information:

10/25/2024 Hours: 24 Bbl oil: 853 Mcf Gas: 851 Bbl H2O: 366  
Date Calculated 24 hour rate: Bbl oil: 853 Mcf Gas: 851 Bbl H2O: 366 GOR: 1009  
Test Method: flowing Casing PSI: 1300 Tubing PSI: 40 Choke Size: 30/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 40  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8073 Tbg setting date: 10/03/2024 Packer Depth: 8072  
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 1604 FNL & 351 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  
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### ATTACHMENT LIST

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

403983152 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)