

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:

403791379

Date Received:

06/19/2024

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 05-005-07538-00

7. Well Name: Sky Ranch 4-65 10-9-8-7

8. Location: QtrQtr: NESE Section: 10 Township: 4S Range: 65W Meridian: 6

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

6. County: ARAPAHOE

Well Number: 1BH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 02/24/2024 End Date: 03/28/2024 Date this Formation was Completed: 06/07/2024
Perforations Top: 8405 Bottom: 28841 No. Holes: 6583 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 120 stage plug and perf:
23772326 total lbs proppant pumped: 9492430 lbs 40/70 mesh and 14279896 lbs 100 mesh;
1075989 total bbls fluid pumped: 961170 bbls gelled fluid, 105855 bbls fresh water, and 8964 bbls 15% HCl acid.

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

Total fluid used in treatment (bbl): 1075989 Max pressure during treatment (psi): 9102
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): 0.91
Total acid used in treatment (bbl): 8964 Number of staged intervals: 120
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 105855 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 23772326

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/13/2024 Hours: 24 Bbl oil: 541 Mcf Gas: 595 Bbl H2O: 1061
Date Calculated 24 hour rate: Bbl oil: 541 Mcf Gas: 595 Bbl H2O: 1061 GOR: 1100
Test Method: FLOWING Casing PSI: 1826 Tubing PSI: 2131 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8142 Tbg setting date: 05/21/2024 Packer Depth: 8140

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: 1331 FNL & 347 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: 6/19/2024 Email: ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num **Name**

403791379 FORM 5A SUBMITTED

403824656 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting	12/18/2024

Total: 1 comment(s)