

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403791292

Date Received:

06/24/2024

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 05-001-10554-00

7. Well Name: Blue Fed 3-65

8. Location: QtrQtr: NWSW Section: 34 Township: 3S Range: 65W Meridian: 6

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

6. County: ADAMS

Well Number: 33-32-31-36 3BH

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 02/02/2024 End Date: 03/15/2024 Date this Formation was Completed: 06/13/2024  
Perforations Top: 8302 Bottom: 28791 No. Holes: 6848 Hole size: 36/100 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 136 stage plug and perf:  
25684430 total lbs proppant pumped: 23433345 lbs 40/70 mesh and 2251085 lbs 100 mesh;  
1166219 total bbls fluid pumped: 1082374 bbls gelled fluid, 73775 bbls fresh water, and 10070 bbls 15% HCl acid.

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

Total fluid used in treatment (bbl): 1166219 Max pressure during treatment (psi): 9236  
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): 10070 Number of staged intervals: 136  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 73775 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 25684430

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

### Test Information:

06/18/2024 Hours: 24 Bbl oil: 205 Mcf Gas: 250 Bbl H2O: 1495  
Date: 06/18/2024 Calculated 24 hour rate: Bbl oil: 205 Mcf Gas: 250 Bbl H2O: 1495 GOR: 1220  
Test Method: FLOWING Casing PSI: 1526 Tubing PSI: 2402 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 41  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7978 Tbg setting date: 04/09/2024 Packer Depth: 7976  
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 1606 FSL & 337 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: 6/24/2024 Email: ewinick@civiresources.com

### ATTACHMENT LIST

Att Doc Num	Name
403791292	FORM 5A SUBMITTED
403827604	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 1 comment(s)