

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:  
403791283

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: <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>05-001-10555-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Blue 3-65</u>	Well Number: <u>33-32-31-36 4AH</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>3S</u> Range: <u>65W</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: 02/02/2024 End Date: 03/13/2024 Date this Formation was Completed: 06/13/2024

Perforations Top: 8341 Bottom: 28794 No. Holes: 5402 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 132 stage plug and perf:  
25493503 total lbs proppant pumped: 23093963 lbs 40/70 mesh and 2399540 lbs 100 mesh;  
1144456 total bbls fluid pumped: 1074807 bbls gelled fluid, 60038 bbls fresh water, and 9611 bbls 15% HCl acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 1144456 Max pressure during treatment (psi): 9059

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): 0.86

Total acid used in treatment (bbl): 9611 Number of staged intervals: 132

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

Fresh water used in treatment (bbl): 60038 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 25493503

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

### Test Information:

06/18/2024 Hours: 24 Bbl oil: 355 Mcf Gas: 384 Bbl H2O: 1416

Calculated 24 hour rate: Bbl oil: 355 Mcf Gas: 384 Bbl H2O: 1416 GOR: 1082

Test Method: FLOWING Casing PSI: 1787 Tubing PSI: 2509 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: 7990 Tbg setting date: 04/27/2024 Packer Depth: 7988

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 921 FSL & 340 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
403791283	FORM 5A SUBMITTED
403827587	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)