

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:  
403791637

Date Received:  
09/10/2024

### 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>05-005-07554-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>State Bierstadt 4-65</u>	Well Number: <u>35-34 2BH</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>35</u> Township: <u>4S</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: 06/17/2024 End Date: 07/02/2024 Date this Formation was Completed: 08/19/2024

Perforations Top: 8440 Bottom: 18413 No. Holes: 2850 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 54 stage plug and perf:  
11561254 total lbs proppant pumped: 3233610 lbs 40/70 mesh and 8327644 lbs 100 mesh;  
475704 total bbls fluid pumped: 446619 bbls gelled fluid, 25218 bbls fresh water and 3867 bbls 15% HCl acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 475704 Max pressure during treatment (psi): 9004

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): 0.89

Total acid used in treatment (bbl): 3867 Number of staged intervals: 54

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

Fresh water used in treatment (bbl): 25218 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11561254

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

### Test Information:

08/27/2024 Hours: 24 Bbl oil: 157 Mcf Gas: 174 Bbl H2O: 1412  
Calculated 24 hour rate: Bbl oil: 157 Mcf Gas: 174 Bbl H2O: 1412 GOR: 1108  
Test Method: FLOWING Casing PSI: 785 Tubing PSI: 949 Choke Size: 22/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 40  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8133 Tbg setting date: 07/28/2024 Packer Depth: 8132

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 2230 FNL & 164 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: 9/10/2024 Email: ewinick@civiresources.com

### ATTACHMENT LIST

Att Doc Num	Name
403791637	FORM 5A SUBMITTED
403910942	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	01/07/2025

Total: 1 comment(s)