

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:
403791325

Date Received:
09/11/2024

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>05-005-07547-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>Chico</u>	Well Number: <u>4-65 25-26 4BH</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>30</u> Township: <u>4S</u> Range: <u>64W</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: 04/20/2024 End Date: 05/04/2024 Date this Formation was Completed: 08/22/2024

Perforations Top: 8336 Bottom: 18113 No. Holes: 3328 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 61 stage plug and perf:
11354873 total pounds proppant pumped: 925568 pounds 40/70 mesh; 10429305 pounds 100 mesh;
478061 total bbls fluid pumped: 448620 bbls gelled fluid; 25060 bbls fresh water and 4381 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 478061 Max pressure during treatment (psi): 8914

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): 4381 Number of staged intervals: 61

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

Fresh water used in treatment (bbl): 25060 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11354873

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/28/2024 Hours: 24 Bbl oil: 355 Mcf Gas: 334 Bbl H2O: 337
Date Calculated 24 hour rate: Bbl oil: 355 Mcf Gas: 334 Bbl H2O: 337 GOR: 941
Test Method: FLOWING Casing PSI: 738 Tubing PSI: 1226 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8073 Tbg setting date: 06/29/2024 Packer Depth: 8071

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 403 FSL & 350 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: 9/11/2024 Email ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num	Name
403791325	FORM 5A SUBMITTED
403914259	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	02/11/2025

Total: 1 comment(s)