

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:

403791338

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: 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 05-005-07549-00

7. Well Name: Watkins

8. Location: QtrQtr: NWSW Section: 30 Township: 4S Range: 64W Meridian: 6

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

6. County: ARAPAHOE

Well Number: 4-64 30-29 1BH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 03/31/2024 End Date: 04/08/2024 Date this Formation was Completed: 08/22/2024
Perforations Top: 8506 Bottom: 18530 No. Holes: 3208 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 59 stage plug and perf:
11561802 total pounds proppant pumped: 858500 pounds 40/70 mesh; 10703302 pounds 100 mesh;
491921 total bbls fluid pumped: 463803 bbls gelled fluid; 23987 bbls fresh water and 4131 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 491921 Max pressure during treatment (psi): 9643
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): 4131 Number of staged intervals: 59
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 23987 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 11561802

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/28/2024 Hours: 24 Bbl oil: 251 Mcf Gas: 235 Bbl H2O: 245
Date Calculated 24 hour rate: Bbl oil: 251 Mcf Gas: 235 Bbl H2O: 245 GOR: 936
Test Method: FLOWING Casing PSI: 248 Tubing PSI: 835 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: 8246 Tbg setting date: 06/27/2024 Packer Depth: 8245
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 903 FNL & 340 FWL

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
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ATTACHMENT LIST

Att Doc Num	Name
403791338	FORM 5A SUBMITTED
403914303	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	02/13/2025

Total: 1 comment(s)