

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:  
404172392

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

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 05-005-07565-00

6. County: ARAPAHOE

7. Well Name: LUSSING TRUST 4-64 Well Number: 19-20 2AH

8. Location: QtrQtr: Lot 1 Section: 19 Township: 4S Range: 64W Meridian: 6

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

10. If Directional, footage at Top of Prod. Zone: 922 Feet FNL 330 Feet FWL  
Sec: 19 Twp: 4S Rng: 64W

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/06/2025 End Date: 02/23/2025 Date this Formation was Completed: 04/02/2025

Perforations Top: 8093 Bottom: 18110 No. Holes: 2440 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.

Niobrara Frac'd with 56 stage plug and perf:  
21900492 total pounds proppant pumped: 0 pounds 40/70 mesh; 21900492 pounds 100 mesh;  
478241 total bbls fluid pumped: 449872 bbls gelled fluid; 24404 bbls fresh water and 3965 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 478241 Max pressure during treatment (psi): 8730

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): 0.84

Total acid used in treatment (bbl): 3965 Number of staged intervals: 56

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

Fresh water used in treatment (bbl): 24404 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 21900492

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

### Test Information:

04/12/2025 Hours: 24 Bbl oil: 289 Mcf Gas: 287 Bbl H2O: 1287  
Date Calculated 24 hour rate: Bbl oil: 289 Mcf Gas: 287 Bbl H2O: 1287 GOR: 993  
Test Method: FLOWING Casing PSI: 760 Tubing PSI: 997 Choke Size: 22/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 38  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7600 Tbg setting date: 03/25/2025 Packer Depth: 7598

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 922 FNL & 377 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: \_\_\_\_\_ Email: ewinick@civiresources.com

### ATTACHMENT LIST

Att Doc Num	Name
404221806	WELLSBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Returned to draft 5/29/2025 per operator request; incorrect TD on wellbore diagram.	05/29/2025

Total: 1 comment(s)