

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:

404093619

Date Received:

05/30/2025

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>05-001-10596-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>BIJOU 3-65</u>	Well Number: <u>20-19-24 1AH</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>21</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: 01/05/2025 End Date: 01/29/2025 Date this Formation was Completed: 05/01/2025

Perforations Top: 8766 Bottom: 24042 No. Holes: 3446 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 93 stage plug and perf:
17649710 total pounds proppant pumped: 17649710 pounds 100 mesh;
772809 total bbls fluid pumped: 731835 bbls gelled fluid; 40617 bbls fresh water and 357 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 772809 Max pressure during treatment (psi): 9348

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): 0.80

Total acid used in treatment (bbl): 357 Number of staged intervals: 93

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

Fresh water used in treatment (bbl): 40617 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17649710

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/13/2025 Hours: 24 Bbl oil: 540 Mcf Gas: 563 Bbl H2O: 1105

Calculated 24 hour rate: Bbl oil: 540 Mcf Gas: 563 Bbl H2O: 1105 GOR: 1043

Test Method: flowing Casing PSI: 1151 Tubing PSI: 1431 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1331 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8442 Tbg setting date: 03/25/2025 Packer Depth: 8441

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 458 FNL & 160 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: 5/30/2025 Email ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num	Name
404093619	FORM 5A SUBMITTED
404216792	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting Review Complete	06/11/2025

Total: 1 comment(s)