

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:
404420527

Date Received:
11/17/2025

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: 10694

2. Name of Operator: PROVIDENCE OPERATING LLC DBA POCO

3. Address: 16400 DALLAS PARKWAY SUITE 400
City: DALLAS State: TX Zip: 75428

4. Contact Name: Bethany Kerley
Phone: (720) 233-7463
Fax: _____
Email: bkerley@providence-energy.com

5. API Number 05-001-10608-00

6. County: ADAMS

7. Well Name: BUCKLEY
Well Number: 21-16-3NBH

8. Location: QtrQtr: SESW Section: 20 Township: 1S Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 379 Feet FSL 1699 Feet FWL
Sec: 21 Twp: 1S Rng: 66W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/01/2025 End Date: 09/15/2025 Date this Formation was Completed: 10/27/2025

Perforations Top: 9707 Bottom: 19606 No. Holes: 1273 Hole size: 1/2 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.

Plug and perf 53 stages, using 1183747# 100 Mesh, 11413689# 30/80, 1345 bbls 15% HCl, 342,224 HVFR and 23679 bbls slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 367248 Max pressure during treatment (psi): 11137

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): 1345 Number of staged intervals: 53

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 49245

Recycled Produced Water Alternative used in treatment (bbls): _____

Fresh water used in treatment (bbl): 23679 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12597436

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/16/2025 Hours: 24 Bbl oil: 690 Mcf Gas: 776 Bbl H2O: 1083

Calculated 24 hour rate: Bbl oil: 690 Mcf Gas: 776 Bbl H2O: 1083 GOR: 1125

Test Method: Flowing Casing PSI: 1652 Tubing PSI: 1130 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1463 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8868 Tbg setting date: 10/10/2025 Packer Depth: _____

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Bethany Kerley

Title: Sr. Regulatory Analyst Date: 11/17/2025 Email: bkerley@providence-energy.com

ATTACHMENT LIST

Att Doc Num	Name
404420527	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit review complete - Passed Task Changed GOR from 1124 to 1125 (Rounding) Form 7 checked for accuracy - accuracy confirmed	11/28/2025

Total: 1 comment(s)