

FORM
5A
Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:
404172395

Date Received:
05/29/2025

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: 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 05-005-07566-00

6. County: ARAPAHOE

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

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: 2075 Feet FNL 340 Feet FWL
Sec: 19 Twp: 4S Rng: 64W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/24/2025 End Date: 03/07/2025 Date this Formation was Completed: 04/02/2025

Perforations Top: 8158 Bottom: 18201 No. Holes: 3126 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 57 stage plug and perf:
21968978 total pounds proppant pumped: 0 pounds 40/70 mesh; 21968978 pounds 100 mesh;
474939 total bbls fluid pumped: 448592 bbls gelled fluid; 22276 bbls fresh water and 4071 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 474939 Max pressure during treatment (psi): 8926

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): 0.90

Total acid used in treatment (bbl): 4071 Number of staged intervals: 57

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

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

Fresh water used in treatment (bbl): 22276 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 21968978

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/12/2025 Hours: 24 Bbl oil: 181 Mcf Gas: 214 Bbl H2O: 1191

Calculated 24 hour rate: Bbl oil: 181 Mcf Gas: 214 Bbl H2O: 1191 GOR: 1182

Test Method: FLOWING Casing PSI: 751 Tubing PSI: 942 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: 7935 Tbg setting date: 03/24/2025 Packer Depth: 7934

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 2075 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: 5/29/2025 Email: ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num	Name
404172395	FORM 5A SUBMITTED
404221809	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting review complete and task passed. • Corrected Top of Prod. Zone footages on Well Information tab per operator comment on Submit tab.	03/12/2026
Permit	Returned to draft 5/29/2025 per operator request; incorrect TD on wellbore diagram.	05/29/2025

Total: 2 comment(s)