

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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. OGCC Operator Number: 10633  
2. Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC  
3. Address: 1801 CALIFORNIA STREET #2500  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Toby Sachen  
Phone: (729) 410-8536  
Fax:  
Email: toby.sachen@crestonepr.com

5. API Number 05-123-38111-00  
6. County: WELD  
7. Well Name: Woolley Becky  
Well Number: 2A-7H-E168  
8. Location: QtrQtr: SWNW Section: 7 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 8142 Bottom: 14462 No. Holes: 576 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Perfs: 8142-11522, 11600-14462

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

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

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

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

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

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

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: NIOBARRA-FT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/06/2017 End Date: 06/04/2017 Date of First Production this formation: 07/27/2017

Perforations Top: 7903 Bottom: 14713 No. Holes: 576 Hole size: 41/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

164267 bbl water, 159 bbl additives (FRP-4K, ACI-97 and ASF-67) and 60 bbl HCl in a 25 stage frac with 4149114 lb of silica quartz proppant

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

Total fluid used in treatment (bbl): 164486

Max pressure during treatment (psi): 8384

Total gas used in treatment (mcf): \_\_\_\_\_

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.76

Total acid used in treatment (bbl): 60

Number of staged intervals: 25

Recycled water used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): 8681

Fresh water used in treatment (bbl): 164426

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4149114

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

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

**Test Information:**

Date: 08/14/2017 Hours: 24 Bbl oil: 441 Mcf Gas: 734 Bbl H2O: 308

Calculated 24 hour rate: Bbl oil: 441 Mcf Gas: 734 Bbl H2O: \_\_\_\_\_ GOR: 1664

Test Method: flowing Casing PSI: 2613 Tubing PSI: 2000 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7729 Tbg setting date: 08/05/2017 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7903 Bottom: 14713 No. Holes: 576 Hole size: 41/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Perfs: 7903-8141, 11523-11550, 14463-14713

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

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized: \_\_\_\_\_

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

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: Toby Sachen  
Title: contractor Date: \_\_\_\_\_ Email: toby.sachen@crestonepr.com

**Attachment Check List**

**Att Doc Num** **Name**

\_\_\_\_\_  
Total Attach: 0 Files

**General Comments**

**User Group** **Comment** **Comment Date**

\_\_\_\_\_  
Stamp Upon Approval

Total: 0 comment(s)