

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



DE ET OE ES

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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: Lindsey Organ
Phone: (303) 777-3958
Fax:
Email: lindsey.organ@crestonepr.com

5. API Number 05-123-46558-00
6. County: WELD
7. Well Name: Ruegge
Well Number: 3H-4H-N165
8. Location: QtrQtr: SESW Section: 4 Township: 1n Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

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

Perforations Top: 9367 Bottom: 12094 No. Holes: 361 Hole size: 0.42

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

9367'-12094'

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: FORT HAYS		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7767	Bottom: 9366	No. Holes: 361	Hole size: 0.42	

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

7767'-7874', 8653'-8898', 9266'-9366'

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: <input type="checkbox"/>

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: NIOBRARA-FT HAYS-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 08/27/2018		End Date: 09/12/2018		Date of First Production this formation: 11/09/2018	
Perforations	Top: 7767	Bottom: 12094	No. Holes: 361	Hole size: 0.42	

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

101491 bbls of water, 76 bbls of additives (FRP-4CS, ACI-97, ASF-67) and 15 bbl HCL in a 16 stage frac with 2618890 lbs of silica quartz proppant

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

Total fluid used in treatment (bbl): 101582	Max pressure during treatment (psi): 8573
Total gas used in treatment (mcf):	Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment:	Min frac gradient (psi/ft): 0.88
Total acid used in treatment (bbl): 15	Number of staged intervals: 16
Recycled water used in treatment (bbl):	Flowback volume recovered (bbl): 9052
Fresh water used in treatment (bbl): 101567	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2618890	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/29/2018	Hours: 24	Bbl oil: 314	Mcf Gas: 384	Bbl H2O: 429
Calculated 24 hour rate:	Bbl oil: 314	Mcf Gas: 384	Bbl H2O: 429	GOR: 1223
Test Method: flowing	Casing PSI: 2000	Tubing PSI: 800	Choke Size: 18/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1341	API Gravity Oil: 43	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7360	Tbg setting date: 10/06/2018	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:	
TPZ based on actual top perf. TPZ: 460' FSL, 1473' FWL SEC 4 1N 65W	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>Lindsey Organ</u>
Title: <u>Regulatory Coordinator</u>	Date: _____ Email: <u>lindsey.organ@crestonepr.com</u>