

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

Document Number:

402322637

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) 774-3958

Fax:

Email: lindsey.organ@crestonepr.com

5. API Number 05-123-37853-00

7. Well Name: Kugel

6. County: WELD

Well Number: 1A-18H-H267

8. Location: QtrQtr: SENE Section: 18 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:

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

Perforations Top: 12316 Bottom: 12938 No. Holes: 592 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Carlile: 12316-12938

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: CODELL-CARLILE		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 11/07/2019		End Date: 11/15/2019		Date of First Production this formation: 02/01/2020	
Perforations	Top: 8216	Bottom: 15541	No. Holes: 592	Hole size: 0.42	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
173559 bbls of water, 169 bbls of additives (FRP-4CS, ACI-97, ASF-67) and 6 bbl HCL in a 25 stage frac with 4339695 lbs of silica quartz proppant					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 173845			Max pressure during treatment (psi): 8535		
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): 0.85		
Total acid used in treatment (bbl): 6			Number of staged intervals: 25		
Recycled water used in treatment (bbl): 111			Flowback volume recovered (bbl): 8658		
Fresh water used in treatment (bbl): 173728			Disposition method for flowback: DISPOSAL		
Total proppant used (lbs): 4339695			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: 12/29/2019	Hours: 24	Bbl oil: 548	Mcf Gas: 799	Bbl H2O: 171	
Calculated 24 hour rate:	Bbl oil: 548	Mcf Gas: 799	Bbl H2O: 171	GOR: 1458	
Test Method: Flowing	Casing PSI: 2400	Tubing PSI: 1150	Choke Size: 16/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1275	API Gravity Oil: 43		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7843	Tbg setting date: 11/23/2019	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 8216 Bottom: 15541 No. Holes: 592 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Codell: 8216-12315, 12939-15541

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:

TPZ based on actual top perf. TPZ: 2137 FNL, 2358 FWL Sec. 18 2N 67W. FracFocus report initially submitted on 12/11/2019.
FracFocus report re-submitted on 1/17/2020 with additional third-party vendor chemical information.

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

Signed: _____ Print Name: Lindsey Organ
Title: Regulatory Coordinator Date: _____ Email: lindsey.organ@crestonepr.com
:

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)