

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:

402322813

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 05-123-37846-00
6. County: WELD
7. Well Name: Kugel
Well Number: 1C-18H-H267
8. Location: QtrQtr: NESE Section: 18 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 11/07/2019 End Date: 11/16/2019 Date of First Production this formation: 02/01/2020
Perforations Top: 7943 Bottom: 15426 No. Holes: 800 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

289612 bbls of water, 284 bbls of additives (FRP-4CS, ACI-97, ASF-67) and 6 bbl HCL in a 34 stage frac with 6055115 lbs of silica quartz proppant

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

Total fluid used in treatment (bbl): 290027

Max pressure during treatment (psi): 8449

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): 0.92

Total acid used in treatment (bbl): 6

Number of staged intervals: 34

Recycled water used in treatment (bbl): 125

Flowback volume recovered (bbl): 5496

Fresh water used in treatment (bbl): 289896

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6055115

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/27/2019 Hours: 24 Bbl oil: 631 Mcf Gas: 1191 Bbl H2O: 160
Calculated 24 hour rate: Bbl oil: 631 Mcf Gas: 1191 Bbl H2O: 160 GOR: 1887
Test Method: Flowing Casing PSI: 2600 Tubing PSI: 1700 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1254 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7562 Tbg setting date: 12/04/2019 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, 2332 FEL 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**

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Total Attach: 0 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)