

**FORM**  
**5A**  
Rev  
09/20

**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:  
403294072  
  
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: <u>10661</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>CIVITAS NORTH LLC</u>	Phone: <u>(303) 294-7806</u>
3. Address: <u>555 17TH STREET #3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@civiresources.com</u>

5. API Number <u>05-123-51395-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ROSS 8-60</u>	Well Number: <u>18-7-4</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>18</u> Township: <u>8N</u> Range: <u>60W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 11/06/2022 End Date: 11/25/2022 Date this Formation was Completed: 02/10/2023

Perforations Top: 6782 Bottom: 15535 No. Holes: 2288 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.

Frac'd Niobrara with 52 stage plug and perf:  
14412962 total pounds proppant pumped: 13792345 pounds 40/70 mesh; 620617 pounds 100 mesh  
512100 total bbls fluid pumped: 485551 bbls gelled fluid; 25919 bbls fresh water and 630 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 512100 Max pressure during treatment (psi): 8684

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): 630 Number of staged intervals: 52

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

Fresh water used in treatment (bbl): 25919 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14412962

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

### Test Information:

02/20/2023 Hours: 24 Bbl oil: 386 Mcf Gas: 216 Bbl H2O: 828

Calculated 24 hour rate: Bbl oil: 386 Mcf Gas: 216 Bbl H2O: 828 GOR: 560

Test Method: flowing Casing PSI: 508 Tubing PSI: 853 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1440 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6282 Tbg setting date: 01/30/2023 Packer Depth: 6281

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 1012 FSL & 2346 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: \_\_\_\_\_ Email: ewinick@civiresources.com

## Attachment List

Att Doc Num	Name
403342343	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)