

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:

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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: 10661

2. Name of Operator: CIVITAS NORTH LLC

3. Address: 555 17TH STREET #3700

City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick

Phone: (303) 294-7806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-51444-00

7. Well Name: ROSS 8-60

8. Location: QtrQtr: SESW Section: 18 Township: 8N Range: 60W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: WELD

Well Number: 18-7-5

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 10/29/2022 End Date: 11/05/2022 Date this Formation was Completed: 02/10/2023
Perforations Top: 6703 Bottom: 15449 No. Holes: 2244 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 51 stage plug and perf:

14404160 total pounds proppant pumped: 13788745 pounds 40/70 mesh; 615415 pounds 100 mesh.

499395 total bbls fluid pumped: 484362 bbls gelled fluid; 14403 bbls fresh water and 630 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 499395 Max pressure during treatment (psi): 8535
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): 0.85
Total acid used in treatment (bbl): 630 Number of staged intervals: 51
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 14403 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 14404160

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/20/2023 Hours: 24 Bbl oil: 347 Mcf Gas: 185 Bbl H2O: 739
Date Calculated 24 hour rate: Bbl oil: 347 Mcf Gas: 185 Bbl H2O: 739 GOR: 533
Test Method: flowing Casing PSI: 683 Tubing PSI: 1067 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: 6472 Tbg setting date: 01/24/2023 Packer Depth: 6471
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 1010 FSL & 2300 FEL

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
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Attachment List

Att Doc Num **Name**

403342346 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)