

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:

403294081

Date Received:

03/12/2023

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 05-123-51445-00

7. Well Name: ROSS 8-60

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

9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

6. County: WELD

Well Number: 18-7-6

Completed Interval

FORMATION: NIORARA 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: 6897 Bottom: 15588 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:

14312050 total pounds proppant pumped: 13704005 pounds 40/70 mesh; 608045 pounds 100 mesh;
496640 total bbls fluid pumped: 480575 bbls gelled fluid; 15435 bbls fresh water and 630 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 496640 Max pressure during treatment (psi): 8474
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): 15435 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 14312050

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/20/2023 Hours: 24 Bbl oil: 181 Mcf Gas: 91 Bbl H2O: 481
Date Calculated 24 hour rate: Bbl oil: 181 Mcf Gas: 91 Bbl H2O: 481 GOR: 503
Test Method: flowing Casing PSI: 17 Tubing PSI: 963 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: 6656 Tbg setting date: 01/25/2023 Packer Depth: 6655

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 1011 FSL & 1601 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: 3/12/2023 Email: ewinick@civiresources.com

Attachment List

Att Doc Num	Name
403294081	FORM 5A SUBMITTED
403342351	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	• Updated Field Name.	03/16/2023

Total: 1 comment(s)