

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management 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. ECMC Operator Number: <u>10633</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Phone: <u>(303) 2947806</u>
3. Address: <u>555 17TH STREET SUITE 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>05-005-07556-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>State Bierstadt 4-65</u>	Well Number: <u>35-34 3BH</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>35</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/16/2024 End Date: 07/02/2024 Date this Formation was Completed: 08/19/2024

Perforations Top: 8494 Bottom: 18475 No. Holes: 2904 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 55 stage plug and perf:
11584053 total pounds proppant pumped: 3758090 pounds 40/70 mesh; 7825963 pounds 100 mesh;
477607 total bbls fluid pumped: 446539 bbls gelled fluid; 27116 bbls fresh water and 3952 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 477607 Max pressure during treatment (psi): 8970

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.89

Total acid used in treatment (bbl): 3952 Number of staged intervals: 55

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

Fresh water used in treatment (bbl): 27116 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11584053

Fracture stimulations must be reported on FracFocus.org

Test Information:

08/24/2024 Hours: 24 Bbl oil: 10 Mcf Gas: 12 Bbl H2O: 224
Date Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 12 Bbl H2O: 224 GOR: 1200
Test Method: flowing Casing PSI: 6 Tubing PSI: 452 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1305 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8253 Tbg setting date: 07/28/2024 Packer Depth: 8252

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 1763 FSL & 170 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

ATTACHMENT LIST

Att Doc Num	Name
403913946	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)