

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:

403914454

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: 10633

2. Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

3. Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick

Phone: (303) 2947806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-001-10566-00

7. Well Name: King 3-65

8. Location: QtrQtr: NESE Section: 28 Township: 3S Range: 65W Meridian: 6

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

6. County: ADAMS

Well Number: 28-29 2BH

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 07/06/2024 End Date: 07/22/2024 Date this Formation was Completed: 10/15/2024  
Perforations Top: 8444 Bottom: 18266 No. Holes: 3036 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.

Niobrara Frac'd with 57 stage plug and perf:  
11378689 total pounds proppant pumped: 3477338 pounds 40/70 mesh; 7901351 pounds 100 mesh;  
484987 total bbls fluid pumped: 456628 bbls gelled fluid; 24264 bbls fresh water and 4095 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 484987 Max pressure during treatment (psi): 9072  
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): 0.91  
Total acid used in treatment (bbl): 4095 Number of staged intervals: 57  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 24264 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 11378689

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

### Test Information:

10/25/2024 Hours: 24 Bbl oil: 634 Mcf Gas: 601 Bbl H2O: 405  
Date Calculated 24 hour rate: Bbl oil: 634 Mcf Gas: 601 Bbl H2O: 405 GOR: 948  
Test Method: flowing Casing PSI: 211 Tubing PSI: 788 Choke Size: 30/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 40  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8040 Tbg setting date: 10/02/2024 Packer Depth: 8039  
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 2191 FNL & 341 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**

403983166 WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)