

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:
402968958

Date Received:
03/01/2022

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>10633</u>	4. Contact Name: <u>Lindsey Organ</u>
2. Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Phone: <u>(303) 7743958</u>
3. Address: <u>1801 CALIFORNIA STREET #2500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>lorgan@civiresources.com</u>

5. API Number <u>05-001-10201-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Schuh 3-65 21-20</u>	Well Number: <u>3AH</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>21</u> Township: <u>3S</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: 05/04/2021 End Date: 05/20/2021 Date this Formation was Completed: 06/14/2021

Perforations Top: 8152 Bottom: 17880 No. Holes: 1164 Hole size: 42/100 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.

359153 bbls of water, 154 bbls of additives (FRP-22G, Bardac 2250M, T-Chlor 12.5, ACI-97, ASF-67) and 1769 bbl HCL in a 50 stage frac with 25676 lbs of DFR-2S and 7072840 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 361076 Max pressure during treatment (psi): 9149

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 1769 Number of staged intervals: 50

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 5472

Fresh water used in treatment (bbl): 359153 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7072840

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/18/2021 Hours: 24 Bbl oil: 347 Mcf Gas: 351 Bbl H2O: 1338
Date Calculated 24 hour rate: Bbl oil: 347 Mcf Gas: 351 Bbl H2O: 1338 GOR: 1012
Test Method: Flowing Casing PSI: 0 Tubing PSI: 1330 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1504 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7633 Tbg setting date: 06/14/2021 Packer Depth: _____

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 based on actual top perf: 2441 FSL, 347 FEL Sec 21, 3S, 65W

Initial Form 5A (Doc ID: 402722862) was submitted prior to First Date of Production and Tubing set depth and data data was available. FDOP and tubing data has been reported on this form 5A.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Costin McQueen

Title: Contractor Date: 3/1/2022 Email: cmcqueen@civiresources.com

Attachment List

Att Doc Num **Name**

402968958	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	• Subtracted additives from fresh water used.	07/26/2022

Total: 1 comment(s)