

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



DE	ET	OE	ES
----	----	----	----

Document Number:
402969023

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>05-001-10200-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>SCHUH 3-65 21-20</u>	Well Number: <u>4AH</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>WILDCAT</u> Field Code: <u>99999</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: 06/06/2021

Perforations Top: 8325 Bottom: 18174 No. Holes: 1200 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.

360595 bbls of water, 157 bbls of additives (FRP-22G, Bardac 2250M, T-Chlor 12.5, ACI-97, ASF-67) and 1811 bbl HCL in a 50 stage frac with 25541 lbs of DFR-2S and 7141685 lbs of silica quartz proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 362563 Max pressure during treatment (psi): 9003

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): 0.85

Total acid used in treatment (bbl): 1811 Number of staged intervals: 50

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 8504

Fresh water used in treatment (bbl): 360595 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7141685

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/15/2021 Hours: 24 Bbl oil: 448 Mcf Gas: 343 Bbl H2O: 401
Date Calculated 24 hour rate: Bbl oil: 448 Mcf Gas: 343 Bbl H2O: 401 GOR: 766
Test Method: Flowing Casing PSI: 1098 Tubing PSI: 765 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1491 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7936 Tbg setting date: 06/05/2021 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: 1085 FSL, 341 FEL Sec 21, 3S, 65W

First Date of Production and Tubing set depth/date were not available at the time of submission of initial Form 5A (Doc ID: 402722915) Data has been submitted on this new 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**

402969023	FORM 5A SUBMITTED
-----------	-------------------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)