

FORM  
5

Rev  
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403966881

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

ECMC Operator Number: 10633 Contact Name: Kamrin Stiver
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 3128532
Address: 555 17TH STREET SUITE 3700 Fax:
City: DENVER State: CO Zip: 80202 Email: kstiver@civiresources.com

API Number 05-005-07567-00 County: ARAPAHOE
Well Name: GRIMM MOTOCROSS 4-65 Well Number: 24-23 1AH
Location: QtrQtr: LOT 1 Section: 19 Township: 4S Range: 64W Meridian: 6
Footage at surface: Distance: 1301 feet Direction: FNL Distance: 645 feet Direction: FWL
As Drilled Latitude: 39.692645 As Drilled Longitude: -104.601089
GPS Data: GPS Quality Value: 1.0 Type of GPS Quality Value: PDOP Date of Measurement: 09/05/2024
\*\* If directional footage at Top of Prod. Zone Dist: 414 feet Direction: FNL Dist: 330 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 412 feet Direction: FNL Dist: 331 feet Direction: FWL
Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/22/2024 Date TD: 08/21/2020 Date Casing Set or D&A: 08/22/2024
Rig Release Date: 08/26/2024 Per Rule 308A.b.

Well Classification:
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 17989 TVD\*\* 7844 Plug Back Total Depth MD 17983 TVD\*\* 7844
Elevations GR 5696 KB 5721 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD, (RES 005-07566 & 005-07564)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 3926 Fresh Water (bbls): 1020
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2281

### CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	B	36.95	0	80	100	80	0	CBL
SURF	13+1/2	9+5/8	J55	36	0	3335	1372	3335	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	17983	2865	17983	350	CBL

Bradenhead Pressure Action Threshold   1000   psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g?   Yes  

If "NO", provide details below.

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	4,943		NO	NO	
SUSSEX	5,271		NO	NO	
SHANNON	6,163		NO	NO	
SHARON SPRINGS	7,650		NO	NO	
NIOBRARA	7,725		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.  
 Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A Resistivity log was run on Lussing Trust 4-64 19-20 2BH (005-07566) and Grimm Motocross 4-65 24-1B2BUH (005-07564)

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

Signed: \_\_\_\_\_

Print Name:   Kamrin Stiver  

Title:   Drilling Technician  

Date: \_\_\_\_\_

Email:   kstiver@civresources.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403966895	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403966900	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
403966891	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403966905	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403966907	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403966911	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)