

FORM 5
Rev 12/20

State of Colorado
Energy & Carbon Management Commission

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Document Number:
403967005
Date Received:
10/23/2024

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 05-005-07570-00 County: ARAPAHOE
Well Name: GRIMM MOTOCROSS 4-65 Well Number: 24 2A3AUH
Location: QtrQtr: Lot 1 Section: 19 Township: 4S Range: 64W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1401 feet Direction: FNL Distance: 645 feet Direction: FWL
As Drilled Latitude: 39.692370 As Drilled Longitude: -104.601091
GPS Data: GPS Quality Value: 1.1 Type of GPS Quality Value: PDOP Date of Measurement: 09/05/2024
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1706 feet Direction: FNL Dist: 330 feet Direction: FEL
Sec: 24 Twp: 4S Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2256 feet Direction: FSL Dist: 330 feet Direction: FEL
Sec: 24 Twp: 4S Rng: 65W
Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/27/2024 Date TD: 07/31/2024 Date Casing Set or D&A: 08/01/2024
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 16249 TVD** 7740 Plug Back Total Depth MD 16228 TVD** 7740
Elevations GR 5698 KB 5723 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): 3782 Fresh Water (bbls): 967
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1870

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	VISU
SURF	13+1/2	9+5/8	J55	36	0	3309	1647	3309	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	16228	2650	16228	120	CBL

Bradenhead Pressure Action Threshold 993 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	4,920		NO	NO	
SUSSEX	5,214		NO	NO	
SHANNON	6,088		NO	NO	
SHARON SPRINGS	7,617		NO	NO	
NIOBRARA	7,702		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: 10/23/2024 Email: kstiver@civresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403967105	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403967102	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"/>
<u>Other Attachments</u>			
403967093	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403967111	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403967118	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403967121	LAS-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)