

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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404172386

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

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 05-005-07570-00

6. County: ARAPAHOE

7. Well Name: GRIMM MOTOCROSS 4-65 Well Number: 24 2A3AUH

8. Location: QtrQtr: Lot 1 Section: 19 Township: 4S Range: 64W Meridian: 6

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

10. If Directional, footage at Top of Prod. Zone: 1706 Feet FNL 330 Feet FEL
Sec: 24 Twp: 4S Rng: 65W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/25/2025 End Date: 03/06/2025 Date this Formation was Completed: 04/02/2025

Perforations Top: 8098 Bottom: 16179 No. Holes: 2230 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 49 stage plug and perf:
9343753 total pounds proppant pumped: 0 pounds 40/70 mesh; 9343753 pounds 100 mesh;
393599 total bbls fluid pumped: 372765 bbls gelled fluid; 17334 bbls fresh water and 3500 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 393599 Max pressure during treatment (psi): 9398

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): 0.85

Total acid used in treatment (bbl): 3500 Number of staged intervals: 56

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 17334 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9343753

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/12/2025 Hours: 24 Bbl oil: 459 Mcf Gas: 324 Bbl H2O: 1550
Date simulated 24 hour rate: Bbl oil: 459 Mcf Gas: 324 Bbl H2O: 1550 GOR: 706
Test Method: DISPOSAL Casing PSI: 1222 Tubing PSI: 1395 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 38
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7597 Tbg setting date: 03/23/2025 Packer Depth: 7596

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 1708 FNL & 405 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

ATTACHMENT LIST

Att Doc Num	Name
404219453	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft 5/28/2025 per operator request; incorrect TD on wellbore diagram.	05/28/2025

Total: 1 comment(s)