

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:

404369412

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

API Number <u>05-005-07572-00</u>	County: <u>ARAPAHOE</u>
Well Name: <u>GRIMM MOTOCROSS 4-65</u>	Well Number: <u>23-24 3BH</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>26</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1935</u> feet Direction: <u>FNL</u> Distance: <u>525</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.676658</u> As Drilled Longitude: <u>-104.639044</u>	
GPS Data: GPS Quality Value: <u>1.4</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>08/05/2025</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>1520</u> feet Direction: <u>FSL</u> Dist: <u>330</u> feet Direction: <u>FWL</u>	
Sec: <u>23</u> Twp: <u>4S</u> Rng: <u>65W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>1530</u> feet Direction: <u>FSL</u> Dist: <u>333</u> feet Direction: <u>FEL</u>	
Sec: <u>24</u> Twp: <u>4S</u> Rng: <u>65W</u>	
Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Number: <u>16950</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 07/10/2025 Date TD: 07/19/2025 Date Casing Set or D&A: 07/20/2025

Rig Release Date: 07/27/2025 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18974 TVD** 7915 Plug Back Total Depth MD 18964 TVD** 7915

Elevations GR 5794 KB 5819 **Digital Copies of ALL Logs must be Attached**

List All Logs Run:

CBL, MWD, RES

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 6790 Fresh Water (bbls): 3174

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2998

Recycled Produced Water Alternative (bbls): 0

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	3897	1655	3897	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	18964	3084	18964	980	CBL

Bradenhead Pressure Action Threshold 1169 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	
SUSSEX	5,833		NO	NO	
SHANNON	6,747		NO	NO	
SHARON SPRINGS	8,513		NO	NO	
NIOBRARA	8,629		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
Open hole resistivity log with gamma ray was run on this well per rule 317.p

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@civiresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
404369474	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404369467	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>			
404369426	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404369428	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404369429	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404369459	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404369460	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404369463	DIRECTIONAL DATA	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)