

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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Document Number:  
404347405

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) 294-7806  
Fax: \_\_\_\_\_  
Email: ewinick@civiresources.com

5. API Number 05-005-07571-00

6. County: ARAPAHOE

7. Well Name: GRIMM MOTOCROSS 4-65 Well Number: 23 2A3AUH

8. Location: QtrQtr: SWNW Section: 26 Township: 4S Range: 65W Meridian: 6

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

10. If Directional, footage at Top of Prod. Zone: 2180 Feet FSL 1387 Feet FWL  
Sec: 23 Twp: 4S Rng: 65W

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/10/2025 End Date: 08/18/2025 Date this Formation was Completed: 09/16/2025

Perforations Top: 9150 Bottom: 14917 No. Holes: 1490 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 33 stage plug and perf:  
6687084 total pounds proppant pumped: 6687084 pounds 100 mesh;  
277827 total bbls fluid pumped: 263822 bbls gelled fluid; 11648 bbls fresh water and 2357 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 277827 Max pressure during treatment (psi): 9700

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): 0.87

Total acid used in treatment (bbl): 2357 Number of staged intervals: 33

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

Recycled Produced Water Alternative used in treatment (bbls): \_\_\_\_\_

Fresh water used in treatment (bbl): 11648 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6687084

**Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)**

### Test Information:

09/27/2025 Hours: 24 Bbl oil: 396 Mcf Gas: 388 Bbl H2O: 896  
Date simulated 24 hour rate: Bbl oil: 396 Mcf Gas: 388 Bbl H2O: 896 GOR: 980  
Test Method: FLOWING Casing PSI: 801 Tubing PSI: 1358 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1582 API Gravity Oil: 42  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8801 Tbg setting date: 09/07/2025 Packer Depth: 8799

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: \_\_\_\_\_

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             |
|-------------|------------------|
| 404386316   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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|  |  | Stamp Upon Approval |
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Total: 0 comment(s)