

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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404347411

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 05-005-07573-00

6. County: ARAPAHOE

7. Well Name: GRIMM MOTOCROSS 4-65 Well Number: 23-24 4BH

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: 442 Feet FSL 385 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: 08/21/2025 Date this Formation was Completed: 09/16/2025

Perforations Top: 8818 Bottom: 18598 No. Holes: 3068 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 58 stage plug and perf:  
11361741 total pounds proppant pumped: 11361741 pounds 100 mesh;  
476027 total bbls fluid pumped: 448468 bbls gelled fluid; 23416 bbls fresh water and 4143 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 476027 Max pressure during treatment (psi): 9689

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): 0.83

Total acid used in treatment (bbl): 4143 Number of staged intervals: 58

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): 23416 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11361741

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

09/27/2025 Hours: 24 Bbl oil: 345 Mcf Gas: 350 Bbl H2O: 1492

Calculated 24 hour rate: Bbl oil: 345 Mcf Gas: 350 Bbl H2O: 1492 GOR: 1014

Test Method: FLOWING Casing PSI: 967 Tubing PSI: 1138 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: 8451 Tbg setting date: 09/05/2025 Packer Depth: 8450

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
404386297	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)