

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:

404172382

Date Received:

04/30/2025

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. ECMC Operator Number: <u>10633</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Phone: <u>(303) 2947806</u>
3. Address: <u>555 17TH STREET SUITE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@civiresources.com</u>

5. API Number <u>05-005-07564-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>GRIMM MOTOCROSS 4-65</u>	Well Number: <u>24 1B2BUH</u>
8. Location: QtrQtr: <u>Lot 1</u> Section: <u>19</u> Township: <u>4S</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

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: 8142 Bottom: 16823 No. Holes: 2743 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:
9850186 total pounds proppant pumped: 0 pounds 40/70 mesh; 9850186 pounds 100 mesh;
411872 total bbls fluid pumped: 390990 bbls gelled fluid; 17382 bbls fresh water and 3500 bbls 15% HCl Acid.
NO PERFS 12984 - 13280 TO MAINTAIN 150' DISTANCE

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 411872 Max pressure during treatment (psi): 8961

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): 0.90

Total acid used in treatment (bbl): 3500 Number of staged intervals: 49

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): 17382 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9850186

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/12/2025 Hours: 24 Bbl oil: 364 Mcf Gas: 454 Bbl H2O: 1833
Date Calculated 24 hour rate: Bbl oil: 364 Mcf Gas: 454 Bbl H2O: 1833 GOR: 1247
Test Method: FLOWING Casing PSI: 1015 Tubing PSI: 1234 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: 7655 Tbg setting date: 03/23/2025 Packer Depth: 7653

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 1037 FNL & 343 FEL
NO PERFS 12984 - 13280 TO MAINTAIN 150' DISTANCE

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: 4/30/2025 Email: ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num	Name
404172382	FORM 5A SUBMITTED
404183255	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting Review Complete	03/12/2026

Total: 1 comment(s)