

FORM
5A
Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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Document Number:
404347404

Date Received:
10/10/2025

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 05-005-07574-00

6. County: ARAPAHOE

7. Well Name: GRIMM MOTOCROSS 4-65 Well Number: 23 1B2BUH

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: 2181 Feet FSL 433 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: 9140 Bottom: 14897 No. Holes: 1777 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 31 stage plug and perf:
5938928 total pounds proppant pumped: 5938928 pounds 100 mesh;
246403 total bbls fluid pumped: 233675 bbls gelled fluid; 10514 bbls fresh water and 2214 bbls 15% HCl Acid.
Skipped perms from 12194 - 12856 to maintain 150' distance.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 246403 Max pressure during treatment (psi): 8509

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): 0.84

Total acid used in treatment (bbl): 2214 Number of staged intervals: 31

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

Recycled Produced Water Alternative used in treatment (bbls): 0

Fresh water used in treatment (bbl): 10514 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5938928

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/27/2025 Hours: 24 Bbl oil: 529 Mcf Gas: 554 Bbl H2O: 781

Calculated 24 hour rate: Bbl oil: 529 Mcf Gas: 554 Bbl H2O: 781 GOR: 1047

Test Method: FLOWING Casing PSI: 294 Tubing PSI: 958 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: 8800 Tbg setting date: 09/08/2025 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: 10/10/2025 Email: ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num	Name
404347404	FORM 5A SUBMITTED
404386309	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting review complete and task passed.	03/31/2026

Total: 1 comment(s)