

FORM
5A

Rev
09/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

401591310

Date Received:

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. OGCC Operator Number: 10071

2. Name of Operator: HIGHPOINT OPERATING CORPORATION

3. Address: 555 17TH ST STE 3700

City: DENVER State: CO Zip: 80202

4. Contact Name: Gabriel Findlay

Phone: (720) 440-6163

Fax: _____

Email: gfindlay@bonanzacrk.com

5. API Number 05-123-46020-00

7. Well Name: Anschutz Equus Farms

8. Location: QtrQtr: NESE Section: 4 Township: 3N Range: 62W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 3-62-4-2532XCN

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 02/02/2018 End Date: 02/18/2018 Date this Formation was Completed: 03/12/2018
Perforations Top: 6655 Bottom: 16240 No. Holes: 3840 Hole size: 37/100 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.

80 STAGE WET SHOE PLUG AND PERF 13,165,316 LBS 20/40 SAND, 1,343,122 LBS 100# MESH, 1,250 BBLS 15% HCL ACID, AND 183,764 BBLS SLICKWATER

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 185014 Max pressure during treatment (psi): 7140
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): 0.94
Total acid used in treatment (bbl): 1250 Number of staged intervals: 80
Recycled or Reused Fluids used in treatment (bbl): 14327 Flowback volume recovered (bbl): 9742
Fresh water used in treatment (bbl): 169437 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 14508438

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

Test Information:

04/02/2018 Hours: 24 Bbl oil: 143 Mcf Gas: 78 Bbl H2O: 473
Date Calculated 24 hour rate: Bbl oil: 143 Mcf Gas: 78 Bbl H2O: 473 GOR: 547
Test Method: FLOWING Casing PSI: 0 Tubing PSI: 782 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1478 API Gravity Oil: 34
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6420 Tbg setting date: 03/10/2018 Packer Depth:
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:

1. The BHL location was drilled past the 460' setback to 2055' FNL and 401' FWL , however the deepest perforation is at 2054' FNL and 455' FWL of Section 5.
2. The wellbore beyond the unit boundary setback is physically isolated by: wet shoe sub and float collar
3. Highpoint certifies that none of the wellbore beyond the unit boundary setback was completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Ashley Noonan
Title: Sr. Regulatory Analyst Date: _____ Email: regulatory@bonanzacrk.com

Attachment List

Att Doc Num Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per Operator's request, the following corrections were made: - Fresh Water corrected to 183764 and Recycled Water corrected to 0	06/11/2018

Total: 1 comment(s)