

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:
402796564

Date Received:
08/30/2021

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: <u>10071</u>	4. Contact Name: <u>Gabriel Findlay</u>
2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(720) 440-6163</u>
3. Address: <u>555 17TH ST STE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>GFindlay@bonanzacr.com</u>

5. API Number <u>05-123-33543-01</u>	6. County: <u>WELD</u>
7. Well Name: <u>Dutch Lake</u>	Well Number: <u>23-35H</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>35</u> Township: <u>6N</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 03/13/2013
Perforations Top: 6666 Bottom: 10600 No. Holes: 459 Hole size: 44/100 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.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Due to sub-economics of wellbore and with the possibility of future recompleate potential HPR placed a BP at 6237' MD. After a workover procedure, a new plug was set at the depth of 6300'. The well remains TA'd.

Date formation Abandoned: 04/19/2017 Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: 6300 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

This Form 5A is being submitted to report the Niobrara as TA'd under the -01 sidetrack.
Form 5A (Doc # 402384486) was submitted incorrectly for the -00 wellbore.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Jenna Behm
Title: Regulatory Analyst Date: 8/30/2021 Email: regulatory@bonanzacrk.com

Attachment List

Att Doc Num	Name
402384924	OPERATIONS SUMMARY
402796564	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	• "Open Hole" corrected from NO to YES; liner is not cemented.	09/02/2021

Total: 1 comment(s)