

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



DE	ET	OE	ES
----	----	----	----

Document Number:

402382653

Date Received:

09/29/2021

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: 10071	4. Contact Name: Kate Miller
2. Name of Operator: HIGHPOINT OPERATING CORPORATION	Phone: (720) 440-6116
3. Address: 555 17TH ST STE 3700	Fax:
City: DENVER State: CO Zip: 80202	Email: kmiller@bonanzacrk.com

5. API Number 05-123-49945-00	6. County: WELD
7. Well Name: FOX CREEK	Well Number: 34-0461B
8. Location: QtrQtr: NWNW Section: 34 Township: 12N Range: 63W Meridian: 6	
9. Field Name: HEREFORD	Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/27/2020 End Date: 03/05/2020 Date this Formation was Completed: 03/29/2020

Perforations Top: 8408 Bottom: 18449 No. Holes: 2952 Hole size: 42/100 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.

123 STAGE WET SHOE PLUG AND PERF 17,377,455 LBS 30/50 SAND, 1,289,110 LBS 100# MESH, 167 BBLS 15% HCL ACID, AND 497,669 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 497836 Max pressure during treatment (psi): 9899

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.77

Total acid used in treatment (bbl): 167 Number of staged intervals: 123

Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl): 46757

Fresh water used in treatment (bbl): 497669 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18666565

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

Test Information:

04/15/2020 Hours: 24 Bbl oil: 183 Mcf Gas: 35 Bbl H2O: 1035

Calculated 24 hour rate: Bbl oil: 183 Mcf Gas: 35 Bbl H2O: 1035 GOR: 191

Test Method: FLOWING Casing PSI: 337 Tubing PSI: 1040 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1466 API Gravity Oil: 36

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8153 Tbg setting date: 03/28/2020 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 bottom of the completed interval is at 228' FSL and 2408' FWL of Section 3.
2. The wellbore beyond the unit boundary setback is physically isolated by: wet shoe sub and float collar
3. HighPoint Operating Corporation 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: Senior Regulatory Analyst Date: 9/29/2021 Email: regulatory@bonanzacrk.com

Attachment List

Att Doc Num	Name
-------------	------

402382653	FORM 5A SUBMITTED
-----------	-------------------

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)