

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

Test Information:

04/15/2020 Hours: 24 Bbl oil: 183 Mcf Gas: 35 Bbl H2O: 1035
Date 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
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)