

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:
402415362

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: <u>10071</u>	4. Contact Name: <u>Kate Miller</u>
2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(720) 440-6116</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>regulatory@bonanzacr.com</u>

5. API Number <u>05-123-49721-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Grinde</u>	Well Number: <u>01-64-05-4841B</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>5</u> Township: <u>1N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/14/2020 End Date: 03/14/2020 Date this Formation was Completed: 05/07/2020

Perforations Top: 7446 Bottom: 17009 No. Holes: 2880 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.

120 stage frac: 304,722 bbls Slickwater , 273 bbl 15% HCl Acid, 1,207,350 lb 100 mesh, and 7,274,665 lb of 30/50 white sand used in treatment

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 304995 Max pressure during treatment (psi): 14913

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): 0.93

Total acid used in treatment (bbl): 273 Number of staged intervals: 120

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 25498

Fresh water used in treatment (bbl): 304722 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8482015

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/11/2020 Hours: 24 Bbl oil: 229 Mcf Gas: 233 Bbl H2O: 429
Date Calculated 24 hour rate: Bbl oil: 229 Mcf Gas: 233 Bbl H2O: 429 GOR: 1017
Test Method: Flowing Casing PSI: 143 Tubing PSI: 1060 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1557 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7131 Tbg setting date: 04/12/2020 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 1390' FSL and 499' FEL of Section 4.
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: Sr. Regulatory Analyst Date: 9/29/2021 Email regulatory@bonanzacrk.com

Attachment List

Att Doc Num	Name
402415362	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)