

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.

Document Number:
 402368667

Date Received:
 10/29/2021

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> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: _____ Email: <u>regulatory@civiresources.com</u>

5. API Number <u>05-123-46731-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>RSU Anschutz Fed</u>	Well Number: <u>4-61-04-2424C</u>
8. Location: QtrQtr: <u>Lot 4</u> Section: <u>4</u> Township: <u>4N</u> Range: <u>61W</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: 01/26/2020 End Date: 02/03/2020 Date this Formation was Completed: 03/16/2020

Perforations Top: 14227 Bottom: 16747 No. Holes: 768 Hole size: 0.42 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.

31 stage Wet Shoe Plug and Perf: 94,072 bbl slickwater, 313 bbl 15% HCl Acid, 1,994,140 lb 30/50 White sand, 240,110 lb 100 Mesh. A 32nd stage was perforated but was not completed (14,227'-14,267').

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 94385 Max pressure during treatment (psi): 8953

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): 0.84

Total acid used in treatment (bbl): 313 Number of staged intervals: 32

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 94072 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2234250

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/24/2020 Hours: 24 Bbl oil: 61 Mcf Gas: 32 Bbl H2O: 269
Date Calculated 24 hour rate: Bbl oil: 61 Mcf Gas: 32 Bbl H2O: 269 GOR: 525
Test Method: Flowing Casing PSI: 288 Tubing PSI: 553 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1369 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6149 Tbg setting date: 03/15/2020 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 1935' FNL and 236' FEL 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.

Flowback data is unavailable.

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: 10/29/2021 Email: regulatory@bonanzacrk.com

Attachment List

Att Doc Num	Name
402368667	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)