

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) 892-2109



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Document Number:
402364858

Date Received:
10/29/2021

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@civiresources.com</u>

5. API Number <u>05-123-46728-01</u>	6. County: <u>WELD</u>
7. Well Name: <u>RSU Anschutz Fed</u>	Well Number: <u>4-61-04-0808C</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: 01/25/2020 End Date: 02/03/2020 Date this Formation was Completed: 03/11/2020

Perforations Top: 14299 Bottom: 16819 No. Holes: 768 Hole size: _____ 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: 99,004 bbl freshwater, 374 bbl 15% HCl acid, 2,277,000 lb 30/50 white sand, 121,380 lb 100 mesh. A 32nd stage was perforated but was not completed (14,299 - 14,359').

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 99378 Max pressure during treatment (psi): 8537

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): 0.83

Total acid used in treatment (bbl): 374 Number of staged intervals: 32

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

Fresh water used in treatment (bbl): 99004 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2398380

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/24/2020 Hours: 24 Bbl oil: 165 Mcf Gas: 91 Bbl H2O: 407
Date Calculated 24 hour rate: Bbl oil: 165 Mcf Gas: 91 Bbl H2O: 407 GOR: 552
Test Method: Flowing Casing PSI: 58 Tubing PSI: 229 Choke Size: _____
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1449 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6322 Tbg setting date: 03/07/2020 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 271' 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@bonanzacr.com

Attachment List

Att Doc Num **Name**

402364858	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)